

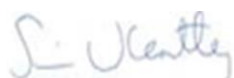
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| LONDON BOROUGH OF CAMDEN | WARDS: ALL |
| <p>REPORT TITLE The redevelopment of St Pancras hospital site, what this means to current Camden services, and how this relates to wider Camden health and care system transformation</p> | |
| <p>REPORT OF</p> <ul style="list-style-type: none"> • St Pancras Transformation Programme Director, Camden and Islington NHS Foundation Trust • Director of Property, RFL Property Services Ltd • Divisional Clinical Director, Royal Free London NHS Foundation Trust • Director of Integration, Camden borough, NCL ICB • Director of Financial Performance and Deputy CFO, Royal Free London NHS Foundation Trust | |
| <p>FOR SUBMISSION TO Health and Adult Social Care Scrutiny Committee</p> | <p>DATE 23 January 2024</p> |
| <p>SUMMARY OF REPORT</p> <p>This paper provides an update on the:</p> <ul style="list-style-type: none"> • transformation of St Pancras hospital, including the need to find an alternative site for the Mary Rankin Dialysis Unit (MRDU); • work undertaken to identify a longlist of potential locations for MRDU, using service requirements to refine this longlist into a shortlist of potential locations, and the outcome of a more detailed appraisal of these shortlisted options using key criteria to identify a preferred option; • potential implications of this preferred option (Peckwater Health Centre, Kentish Town) on the services currently based there, and how these implications are being responded to and overseen; and • links to wider borough opportunities to foster better, more connected health and care services organised around neighbourhood footprints. <p>This paper seeks to respond to the points raised via a deputation made to the Camden Health and Adult Social Care Scrutiny Committee on 18 December 2023, and to provide clarity and reassurance around the status of current developments and future plans.</p> <p>Local Government Act 1972 – Access to Information</p> <p>No documents that require listing have been used in the preparation of this report</p> <p>Contact Officer:</p> <p>Simon Wheatley</p> | |

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RECOMMENDATIONS

That the Committee notes the update on transformation of St Pancras hospital, the specific impact on the Mary Rankin Dialysis Unit (MRDU), the process to identify a new home for the service, and the work undertaken to manage any prospective change robustly.

Signed:



Simon Wheatley, Director of Integration, Camden borough, NCL ICB

Date: 11/01/2024

1. Purpose of Report

1.1. This paper provides an update on the:

- transformation of St Pancras hospital, including the need to find an alternative site for the Mary Rankin Dialysis Unit (MRDU);
- work undertaken to identify a longlist of potential locations for MRDU, using service requirements to refine this longlist into a shortlist of potential locations, and the outcome of a more detailed appraisal of these shortlisted options using key criteria to identify a preferred option;
- potential implications of this preferred option (Peckwater Health Centre, Kentish Town) on the services currently based there, and how these implications are being responded to and overseen; and
- links to wider borough opportunities to foster better, more connected health and care services organised around neighbourhood footprints.

1.2. This paper seeks to respond to the points raised via a deputation made to the Camden Health and Adult Social Care (HASC) Scrutiny Committee on 18 December 2023, and to provide clarity and reassurance around the status of current developments and future plans.

2. Background and context

- 2.1. In 2020 the St Pancras Hospital Redevelopment Outline Business Case was approved by the NHS and set in train a plan to use part of the site for the redevelopment of a new Moorfield's Eye Hospital, and to achieve the sale of the entire site to fund brand new state of the art mental health facilities for the local communities in Camden and Islington. This followed an extensive programme of stakeholder engagement including NHS organisations, local authority partners and the local community. In 2021 Camden and Islington NHS Foundation Trust (C&I) as owners of the site entered into a commercial agreement with King's Cross Central Limited Partnership (KCCLP) following a public procurement process. The parties are now working collaboratively to deliver a mixed economy of commercial, residential and NHS buildings to redevelop the St Pancras Hospital site, to provide exceptional clinical care in modern, accessible and sustainable mental health facilities in the local area, delivering a place which is accessible and welcoming to all.
- 2.2. A masterplan has been developed for the St Pancras hospital site that aims to deliver modern NHS mental health facilities for the local community, increase residential units to help meet local housing needs, and to create a variety of employment and training opportunities within Camden's Knowledge Quarter by retaining and repurposing the former Victorian workhouse buildings.
- 2.3. The redevelopment of the site is contingent on identifying alternative premises for a limited number of existing services. One of these is the MRDU, provided by the Royal Free London NHS Foundation Trust. This is a dedicated community facility, providing holistic dialysis and renal impairment support for over 250 service users. The aim of the service is to enable individuals with renal failure to live as independent lives as possible in their local communities, including through a dedicated supported self-care dialysis area that allows people to progress towards home haemodialysis.
- 2.4. The service provides on-site consultant-led dialysis clinics, as well as specialist dietetics, social care and psychological services. The linked diabetes service (including both clinical review and podiatry services for Camden service users) will also be relocated into the new facility.
- 2.5. To maximise the value of the site, which is key to generating the capital to fund new and improved NHS facilities, all NHS services currently being delivered out of the current estate (which is old and in poor condition) must be relocated to new premises so that vacant possession of the site is achieved by 2026/27. This includes the MRDU that has been subject to an appraisal for options for relocation. This work is summarised in the next section.

3. Approach to appraising potential options

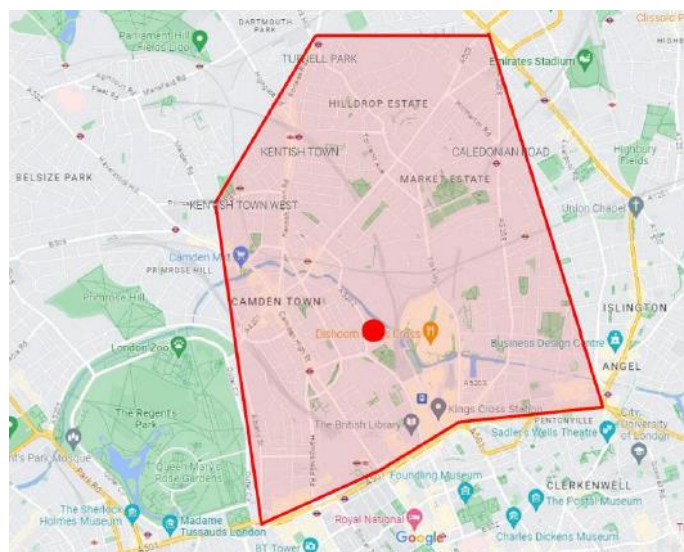
- 3.1. External support (CBRE) was commissioned in spring 2023 to lead on a two-stage process with the aim of:
 - collating a longlist of prospective sites which met the location and space requirements of the MRDU, and refining this into a shortlist based on detailed service needs; and

- undertaking a robust and detailed assessment of shortlisted options, further informed by site visits undertaken in summer 2023.

3.2. These are described in more detailed below.

Stage 1 – collating a longlist of prospective sites

3.3. The initial search for prospective sites was based upon the location and space requirement for the MRDU. The MRDU is a large, community-based NHS offer, and it is critical that sufficient space is available to effectively re-provide the service. The location and space requirement naturally narrows the prospective options available across the North Central London footprint – informed by a scatter graph of where current patients live (see figure below).



3.4. Potential options were reviewed from a wide range of sources (NHS, wider public estate, commercial opportunities, sites on local authority disposal lists), and a longlist of 28 options was collated.

3.5. These options were RAG (red, amber, green) rated against additional criteria to discount those which were considered non-viable, as they fell short of key service requirements. These criteria included landlord appetite to utilise estate for healthcare purposes and/or to work with NHS requirements, site availability, configuration of the space, gross lettable area, location, timing / securing vacant possession.

3.6. The output of this stage was a shortlist of five options, to be taken forward for more detailed consideration and appraisal through scoring.

Stage 2 - undertaking a robust and detailed assessment of shortlisted options

3.7. The five shortlisted options were brought forward to be assessed and scored against a wider range of criteria.

3.8. Scoring was undertaken in three sub-phases; prior to site visits, after site visits, and a final stage review to validate and confirm the robustness of the scoring methodology. It was led by a multi-agency group comprising NHS trust representatives (including clinicians as well as service managers), along with development and estates experts, and was facilitated by CBRE.

3.9. Scoring criteria was informed by site-specific requirements, specifically:

- Interest type – lease or purchase
- Days and hours of operation
- Rent or cost of purchase
- Use class
- Condition
- Space requirement and configuration of available space (a maximum of two floors, lifts in place or space to add these)
- Transport links, patient parking ability. A requirement that the site is not in the congestion charge zone
- Parking capacity for ambulance drop off / collection
- Space for amenities, including regular deliveries
- Timescales – ideally available by March 2025.

3.10. The scoring criteria agreed were wide-ranging and comprised:

- **Location** – proximity to workforce, proximity to current and potential future patients, and ease of access to the site.
- **Strategic** – making fullest use of existing NHS and/or public sector estate, delivering integrated care and the benefits of co-location (including proximity to other services), longevity of tenure.
- **Site suitability** – space requirements (a need for 1,800 – 2,300 m² to accommodate the service), suitability of the site layout, ability to segregate patient pathways, provision of car parking, provision of lifts (or ability to accommodate lifts), and loading area (i.e. suitability for ambulance drop-off and pick up, access for delivery of medical equipment and consumables).
- **Delivery** – ability of the acquisition to meet timelines, compatibility with use class and/or ability to secure planning permission within timelines, and ability for either construction and/or fit out to meet programme timelines.
- **Financial** – costs of construction, and costs of occupation.

3.11. Criteria were provided with different weightings to reflect relative importance in the context of site requirements.

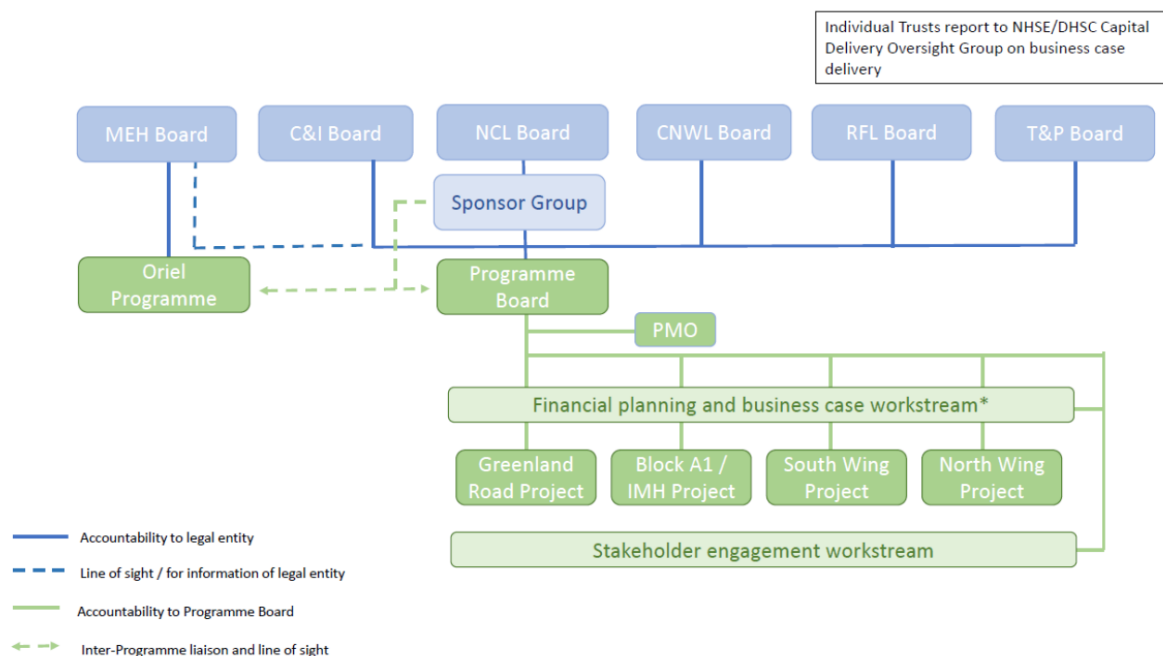
3.12. Scoring was awarded 0–3, with 0 representing that the scored site offered no merit for this criterion, and 3 representing that the scored site offered the best solution for this criterion.

3.13. Following the three sub-phases of scoring, the Peckwater Health Centre ¹ was deemed to be the highest scoring option, with an overall score that was 0.28 (i.e. around 10%) above that of the next highest scoring option. As a result, Peckwater Health Centre was put forward as the preferred option from this process.

4. Management of the wider programme

4.1. The Transforming St Pancras Hospital programme is managed through a mature and comprehensive governance structure, comprising senior representation from across North Central London NHS partners, and with input into decision-making bodies for constituent partners (e.g. NHS trust boards).

4.2. The structure is set out in the schematic *below*:



¹ The Peckwater Health Centre is a community health centre located at 6 Peckwater Street, Kentish Town, with NHS Property Services as the landlord.

The building hosts a range of community-based services, for residents in Camden, Islington and beyond, including: school age immunisation, wheelchairs, MSK (musculo-skeletal), IAPT (improving access to psychological therapies) and older adults mental health services, and mental health crisis assessment (on a temporary basis). It is also adjacent to the Caversham Medical Centre general practice, located at 4 Peckwater Street. Securing Peckwater Health Centre for alternative use would require the consent and support of current service users (including UCLH FT, CNWL FT, and C&I FT) to identify and secure alternative estates to deliver from.

It should be recognised that while a range of services are currently provided from Peckwater Health Centre, building use has evolved over time, and reactively. Development outside of a dedicated vision and plan has limited opportunities for health and care integration, and so specific benefits of linking services for patients and staff have not been planned for or realised.

- 4.3. With specific regard to the oversight of the MRDU site selection and options appraisal process, key milestones included:
- In July 2023, the North Wing project steering group provided provisional approval to the recommended option, subject to an additional ‘check and challenge’ session.
 - In August 2023, a review and audit of the two stage methodology was undertaken through a multi-agency ‘check and challenge’ session
 - A detailed feasibility study was commissioned in September 2023 to assess whether the fabric of the building was suitable.
 - Following a positive return on the feasibility study, Peckwater as a preferred site for the MRDU was endorsed by the Finance and Business Case Group in November 2023.
 - In December 2023, the Programme Board recommended that Peckwater as the preferred site for the MRDU should be advanced through NHS approvals process.
 - The next step in the governance process for obtaining NHS consents would be submitting the proposal to the North Central London Integrated Care Board in March 2024, prior to submission for the final approval of the Royal Free London NHS Foundation Trust Board scheduled for April 2024.
- 4.4. The final approval for the overarching North Wing business case, including confirming Peckwater Health Centre as the preferred option for the relocation of the MRDU service, is targeted to be presented to the Royal Free London NHS Foundation Trust Board in May 2024.

5. Risks and mitigations

- 5.1. Along with the need for further technical due diligence on the preferred option, and work with current service providers to scope a prospective transition away from the Peckwater Health Centre, a number of risks have been identified with the recommended option. These risks, and proposed mitigations, are summarised in the table below.

| # | Risk | Mitigation |
|---|--|---|
| 1 | Failure to secure the Peckwater Health Centre as a location to deliver dialysis services. This would require alternative, potentially temporary, provision to be secured elsewhere – affecting service delivery, service viability, and patient experience | Robust site selection and options appraisal to identify and appraise potential locations, with a recommended option (i.e. Peckwater Health Centre) put forward. Temporary estate options were discounted at outset as these will be expensive, require a ‘double decant’ (affecting service continuity), and constrain MRDU service development. |
| 2 | Delays to securing a future home for MRDU will prolong the time clinical services remain on the St Pancras hospital site. Service access and patient | Taking the preferred option through appropriate governance to secure the support and consent needed for North Wing redevelopment. |

| # | Risk | Mitigation |
|---|---|--|
| | experience will be affected by ongoing construction in the vicinity | Developing detailed project plans to ensure smooth and timely transition of services (where required) in the context of the wider transforming St Pancras hospital programme plan. |
| 3 | Securing the Peckwater Centre as a location for MRDU would impact upon current services based on, and near, the site | <p>Initial plans are being developed with NHS partners to relocate services which would be impacted by this change.</p> <p>This provides opportunity to bring services together in more appropriate estate, potentially with greater opportunity for service integration.</p> <p>Sufficient time and rigour must be built into the development of plans for any service transition.</p> |
| 4 | Providing MRDU from Peckwater Health Centre presents an opportunity cost, negating competing visions for utilising scarce NHS estate in Camden borough | <p>The options appraisal process has weighed up alternative sites to determine a preferred option, that is necessary to secure the sustainable future of the Camden dialysis service.</p> <p>While other potential uses of the Peckwater Health Centre site could be generated, these would not address the future of the dialysis service. Nor would alternative plans adequately reflect current NHS operational and financial constraints around securing new estate, and/or providing further services.</p> <p>Primary care capacity remains unaffected by any proposed change of the Peckwater Health Centre site. Detailed locality planning has identified capacity, demand, and gaps between these two factors, across Camden and NCL. Future primary care estate need continues to be discussed through the Camden borough partnership of health and care partners, along with liaison with Camden Council's planning department about future need and opportunities.</p> |
| 5 | Utilising Peckwater Health Centre to provide dialysis services impacts on current service integration, and/or limits the prospect of future service integration | <p>The relocation of the service responds to a live, operational need – without which patient care will be negatively affected.</p> <p>The current services at Peckwater Health Centre have limited interdependence; and potential future relocation of these disparate services provides opportunity for better planning</p> |

| # | Risk | Mitigation |
|---|---|--|
| | | <p>and coherence in line with health and care integration.</p> <p>Alongside other local borough partnership plans, an integrated neighbourhood team 'prototype' is proposed to launch in the vicinity, based from Kentish Town Health Centre, in 2024. This is predicated on bringing a range of health and care teams together, to design an operating model that will maximise the benefits of integration. This is being done purposefully and deliberately, rather than reactively.</p> |
| 6 | <p>The utilisation of Peckwater Health Centre as the relocation option for the MRDU displaces mental health and other community health facilities and affects patient access to these services.</p> | <p>Alongside the feasibility study to determine whether Peckwater is a viable option for the relocation of the MRDU, work has commenced to source alternative locations for displaced services currently operating out of the building. This work is being taken forward as part of the programme Decant Project and the North London Mental Health Estates Project. These projects will ensure that alternative premises enable existing services to continue without any loss of service quality or capacity, so that access for services users remains unchanged once services have been relocated.</p> |
| 7 | <p>Any necessary construction works at the Peckwater Health Centre may impact upon the adjoining GP practice at Caversham Medical Centre</p> | <p>Effective management of works plan to minimise noise, traffic, access, pollution and operational impact to GP staff, patients and other visitors.</p> |

6. Opportunities for fostering integration in Camden

- 6.1. The St Pancras transformation programme aims to provide better, more accessible mental healthcare services for people across Camden and Islington.
- 6.2. Alongside this, Camden health and care partners continue to collaborate to better connect services, to provide a more seamless experience for residents who need to draw on support; to place frontline services on a more sustainable footing; and to promote opportunities for staff recruitment, development, and retention.

- 6.3. Integration is at the heart of our shared agenda, and underpins the ambitions set out in Camden's Health and Wellbeing strategy². Key to delivering these ambitions is taking a neighbourhood approach - providing more joined-up services through teams organised on a neighbourhood level.
- 6.4. Through Camden's health and wellbeing board, we have presented our joint work to design, roll out and embed integrated neighbourhood teams. These will bring together frontline health and care teams, co-located in community-based hubs, and working under joint coordination and development. This ambition will meet the expectations set out in the national Fuller report³, as well as those communicated by residents through the Camden citizen's assembly.
- 6.5. We have communicated our intention to take a 'prototyping' approach to establishing integrated neighbourhood teams. This is predicated on identifying an opportunity to start, and to learn from delivering. For a range of reasons, Kentish Town has been selected to launch a 'prototype' in 2024, and it is likely that the integrated neighbourhood team will be based at Kentish Town health centre. This is a purpose-built community health and care building, that is currently under-occupied, and that offers sufficient space for primary, community, mental health, Council and wider providers to use as a shared base.
- 6.6. An inclusive and focussed programme of work has been established around this goal. Early outputs have already been developed – including a high-level assessment of the teams (and staff numbers) which should be part of the integrated neighbourhood team, an appraisal of potential sites in the locality, the recruitment of a lead to work with and develop practices between the teams in scope, and the agreement of a memorandum of understanding between health and care partners that captures the aims, objectives, practicalities and means of resolving issues around working more closely together.
- 6.7. We are embarking on next steps including more detailed design of the operating model to more fully unlock the benefits of integration, consulting with frontline teams, and engaging more widely (including service users and residents).

7. **Finance Comments of the Executive Director Corporate Services**

- 7.1. The Executive Director Corporate Services has been consulted and has no comments to add.

8. **Legal Comments of the Borough Solicitor**

² Camden Council, ["Camden Health and Wellbeing Strategy 2022-30"](#)

³ NHS England, ["The Next steps for integrating primary care: Fuller stocktake report"](#)

8.1. The Borough Solicitor has been consulted on the content of this report and has no comment to make.

9. **Environmental Implications**

9.1. No environmental implications have been identified from the policies within this report.

REPORT ENDS