Note of discussion during a conference call between members of the Essex Health Overview and Scrutiny Committee and NHS representatives at 10:15am on Wednesday 1 April 2020

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County Councillors present by video conference:

J Reeves (Chairman of the discussion)	J Baker (substitute member)
A Brown	J Chandler
B Egan	R Gadsby
D Harris	B Massey
J Moran	A Wood

Harlow District Councillor T Edwards, a co-opted member of the Committee, was also present.

Graham Hughes and Peter Randall, Senior Democratic Services Officers, were in attendance throughout to support the discussion.

Purpose

The discussion was to update on the latest position regarding funding a proposed rebuild of Princess Alexandra Hospital (Harlow). The following joined the conference call for the discussion and to introduce the item:

Andrew Geldard, Chief Officer, West Essex CCG Lance McCarthy, Chief Executive, Princess Alexandra Hospital. Michael Meredith, Princess Alexander Hospital

Introduction

1. The condition of the current PAH site and background to PAH's preferred way forward for a hospital rebuild on a Greenfield site.

- 2. The benefits of such a relocation and that the preferred way forward further aligned with existing local infrastructure planning and PAH continued to liaise with local stakeholder including district councils.
- 3. It was anticipated that the same services would be provided at the new site as currently being provided at the current site although it was possible a few services could be located in the local community.
- 4. There was a challenging and ambitious timetable for the capital funding application set by Government. Certain conditions had to be met as part of that application for full funding to be granted for the preferred option including delivering the rebuild by 2025. The funding application would be considered by NHS England in late June 2020.
- 5. PAH had already identified some actions that needed to be taken to address concerns raised during an Equality Impact Assessment (EIA) undertaken for relocation to the preferred site.
- 6. PAH and the CCG proposed a significantly enhanced and ongoing public engagement process throughout the development of Outline and Full Business Cases. They stressed that they were confident that such a process would be as effective and have the same reach as a full public consultation exercise. However, PAH acknowledged that the initial phase of a public engagement process may have to be more focussed on digital communications in view of the current restrictions imposed on social contact with public events to be scheduled later after restrictions were lifted. A formal public consultation exercise could not be incorporated into the current timetable set by Government.

In response to member questions:

- 7. It was anticipated that through better siting of services the preferred option site would improve clinical efficiencies and patient flows and pathways within the site and therefore improve patient outcomes.
- 8. PAH were in ongoing discussions with East of England Ambulance Service. Conveyance times generally (and particularly rural areas) were expected to improve as a result of moving to the preferred site.
- 9. Both County Councils were involved with the development of the proposals and sat on the steering group for the relocation. PAH were in discussion with districts re contacting hard to reach groups and maximising community participation.
- 10. PAH anticipated a slight increase in patient demand from Hertfordshire as a result of relocating to the preferred site. There would be flexibility to further expand at that site.

- 11. Hospital transport would continue to be available as at present.
- 12. There would be a staged process in developing the business case and the public would have the opportunity throughout that process and the ongoing public engagement activities to influence the format and access to services at the new site. PAH assured members that there would be governance arrangements in place to ensure transparency and accountability to the public feedback being received and how issues being raised are addressed. Assessing the health equality impact would continue to be a key element of the process.
- 13. If PAH did not meet the pre-requisite conditions for full funding for the preferred option then a reduced level of grant was expected which would fund a rebuild of approximately half the hospital or a refurbishment of three quarters of the site. However, further expansion of the current site was not possible.

The following actions would be progressed:

	Issue	Action	Ву
1.	Seek to provide a consistent and joint approach to future health scrutiny of the PAH proposals with Hertfordshire Health Scrutiny Committee (where appropriate and possible)	To liaise with Herts officers to identify opportunities	Senior Democratic Services Officer
2.	Further understanding the travel impact on patients of a change in location to the preferred site.	Further information to be provided on travel analysis, including those that may have longer and shorter travel times, and those that would use public transport as opposed to own transport. It was highlighted that evaluation and analysis would be limited at present due to the road infrastructures around the preferred site not yet being in place.	PAH
3.	Engagement with Healthwatch Essex and Healthwatch Hertfordshire	Increase dialogue and seek advice from Healthwatch Essex and Hertfordshire on public engagement strategy and delivery	PAH

4.	Services in the community	Build meaningful engagement with the public so that they can help shape any proposal to locate any services in the community	PAH
5.	Engaging with communities	Establish a community engagement team to specifically harness information from, and involvement with, local MPs and councillors and districts, so as to exploit their links with local communities.	PAH
6.	Essex County Council - political liaison	Ensure Cabinet Member and Deputy are sighted on HOSC views	HOSC Chairman
7.	Next steps	Members were persuaded of the benefits of the proposed new site rebuild but wanted to emphasise the importance of ensuring the right checks and balances and governance were in place. The HOSC to further consider those aspects of the PAH approach the following month.	Senior Democratic Services Officer