

Minutes of the first meeting of the Princess Alexandra Hospital (Harlow) Joint Essex and Hertfordshire Health Overview and Scrutiny Committee held virtually via video conference at 11:00am on Wednesday 13 May 2020

PRESENT:

Essex County Council:

J Reeves - Chairman from appointment at Minute 1(i)
B Egan
R Gadsby

Hertfordshire County Council:

S Quilty - Vice Chairman from appointment at Minute 1(ii)
C White

IN ATTENDANCE:

Harlow District Councillor T Edwards was present and permitted by the Chairman to also participate in the discussion.

Joanna Boaler, Head of Democratic Services and Graham Hughes - Senior Democratic Services Officer, both Essex County Council, and Natalie Rotherham, Head of Scrutiny, Hertfordshire County Council, were also in attendance throughout to support the meeting.

1. Appointment of Chairman and Vice Chairman

- (i) The Senior Democratic Services Officer opened the meeting and asked for nominations for Chairman. Councillor White nominated Councillor Reeves which was seconded by Councillor Gadsby. In the absence of any further nominations being received, it was **agreed** by general consent that Councillor Reeves should take the Chair.
- (ii) The Chairman invited nominations for Vice Chairman. Councillor Egan nominated Councillor Quilty, which was seconded by Councillor White. In the absence of any further nominations being received, it was **agreed** by general consent that Councillor Quilty should be appointed Vice Chairman.

2. Membership, Apologies, Substitutions and Declarations of Interest

The following nominations for membership had been received from the health scrutiny committees at Essex County Council and Hertfordshire County Council (as indicated) and were noted:

Councillor Beverley Egan (Essex)
Councillor Ricki Gadsby (Essex)
Councillor Seamus Quilty (Hertfordshire)
Councillor Jill Reeves (Essex)
Councillor Chris White (Hertfordshire)

3. Terms of Reference

The Joint Committee considered report HWE-JHOSC/01/20 which enclosed a draft Terms of Reference for the Joint Committee.

Agreed: The draft Terms of Reference presented to the meeting be approved and adopted with immediate effect.

4. Questions from the Public

Advance notice of one public question from Pauline Amos had been received. In her absence, the Senior Democratic Services Officer read out her question on her behalf (reproduced below).

Public question:

I note in Appendix 1 from 1st April discussion re JHOSC states "delivering the rebuild by 2025"

In PAH's Public Engagement Proposal document Timeline it also shows "to be built by 2025"

However, it states in PAH meeting papers from 6th February 2020 "to have **commissioned** a new hospital by the end of 2025"

1. Could Councillors please clarify the expected end date for a completed new hospital building if funding is approved.

2. Are there details yet of planned services and bed numbers to be provided at the new hospital? If so, could they be emailed to me.

At the invitation of the Chairman, Lance McCarthy, Chief Executive, Princess Alexandra Hospital (Harlow) (hereinafter PAH) responded to the question. Completion of all work on the proposed hospital rebuild was scheduled for the end of 2025 and clinicians and staff were to move to the new site in early 2026. The services to be provided, and the bed numbers, would be the same as on the current site and he emphasised that whilst no immediate expansion was planned there would be no contraction either. There had been some initial consideration to building in further flexibility for up to a 10% increase in bed numbers to manage shorter term demographic changes. The detail on the services and bed numbers would be refreshed and revisited in the coming months.

5. Update from Princess Alexandra Hospital and Health commissioners on proposed relocation and rebuild of hospital

The Joint Committee considered report HWE-**JHOSC/02/20** comprising an update from PAH, an advisory briefing note on evaluating service change proposals, and notes of an informal Essex HOSC discussion with PAH the previous month.

The following joined the meeting to introduce the update, to participate in subsequent discussion and respond to questions from members.

Lance McCarthy	-	Chief Executive, PAH
Andrew Geldard,	-	Chief Officer, West Essex CCG.
Beverley Flowers,	-	Accountable Officer East & North Hertfordshire CCG, Joint STP Lead for Hertfordshire & West Essex
Alan Pond,	-	Chief Finance Officer, East and North Hertfordshire CCG,
Sarah Dixon,	-	GP Governing Body Member, East and North Hertfordshire CCG
Alison Gardner,	-	Lay-member for Public and Patient Engagement on governing Body, East and North Hertfordshire CCG
Sam Glover	-	Chair of Healthwatch Essex

During the introduction the following were highlighted by the above contributors:

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. That the same services (including 24/7 emergency care and maternity services) would be provided at the new proposed site as being provided at the current site. There was no intention to radically change service models in the way services were delivered.
3. The benefits of such a relocation and that the preferred way forward further aligned with existing local infrastructure planning (such as the garden town development and the development of the M11 corridor).
4. 88% of patients accessed the current hospital site using their own transport, 4% used a bus, 1% train and 7% walked. 74% of staff travelled by car. However, an Equalities Impact Assessment undertaken by PAH had identified transport as a key concern as there was inadequate transport infrastructure currently in place to serve the new proposed location. PAH was already working with Essex County Council to identify what infrastructure was needed to support the new site. It was acknowledged that whilst PAH had also been engaging with local Essex district councils, they needed to expand their discussions with Hertfordshire County and districts.
5. 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 the end of 2025 and seeking the support of health

scrutiny committees at Essex and Hertfordshire County Councils (now to be done through the Joint Committee).

6. A significantly enhanced public engagement process to run throughout the development of Outline and Full Business Cases was proposed. 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 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 pandemic restrictions imposed on social contact and that public events would have 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. A full public consultation process could add an additional nine months to the completion timeline. Preparation of the Outline Business Case or any other preparatory work could not be undertaken in parallel with public consultation with the latter having to be concluded first and fully evaluated through regional and national NHS bodies. If it was decided that full public consultation was required then PAH would be unable to meet all the pre-conditions for full funding of the new greenfield site and would likely only be granted a smaller amount to either renovate or partially rebuild the current site. However, further expansion of the current site was not possible.
8. It was anticipated that through better ways of working (e.g. facilitating more virtual clinics) and better siting of services the preferred site option would improve clinical efficiencies and patient flows and pathways within the site and therefore improve patient outcomes.
9. The new site would be able to further expand in the future to meet changing demography. The hospital served a wider community than just the Harlow area and PAH were expecting that their potential catchment area could be nearer 500,000 in coming years compared to 350,000 at present.
10. PAH assured members that the new transport infrastructure around the M11 junction was scheduled to be in place in good time ahead of the completion of the hospital rebuild and that the risk of it not being in place was minimal.
11. There would be approximately 1500 car parking spaces on the new site compared to approximately 1100 on the current site. It was planned that the new site would be environmentally sustainable and PAH were looking to increase the numbers who could travel to the new site using public transport. PAH were already discussing with local bus companies the feasibility of establishing a public transport hub on the new site. All members of the

transport consultative group (which had been established with representation from local stakeholders) supported the proposal to relocate the hospital.

12. Other local health partners (commissioners and providers in non-acute settings) had all supported the proposal and aligned with the strategic aims of the wider local health system.
13. Members queried the impact of the current pandemic on planned public engagement strategy. PAH intended to expand the use of public webinars, live chats and other digital solutions. A specialist advertising and communications agency would be appointed to develop an extensive social media strategy. It was stressed that greater use of digital platforms did provide an opportunity to capture and collect better and more comprehensive feedback. More traditional methods, where possible, would also continue to be used such as hard copy information being available from various outlets and throughout the current site, and traditional advertising space would also be taken (such as in newspapers). However, it was recognised that there still would remain a risk that the engagement did not connect with hard-to-reach groups and PAH were planning to further expand the work it already did with the community and voluntary sector to try and mitigate this. Sam Glover from Healthwatch Essex offered to assist PAH on further development of an extended engagement process to enable the public to influence the shaping of the new hospital and members pressed PAH that this offer be taken up.
14. PAH were currently addressing the need to find high quality 'down-time' space for staff on the current site. This has become acutely apparent due to the stress encountered by staff during the pandemic. PAH would be ensuring that this could be provided at the new site as part of broader initiatives to improve staff health and wellbeing. PAH were working with the MacMillan charity on how best to use the current space for community activities in the future when clinics are not running.

Conclusion

In concluding the discussion, members were asked for final comments and then a formal vote was held on whether the proposals constituted a substantial variation of service or development.

Recommended:

- (i) The Joint Committee supported the proposed relocation and rebuild of PAH and encouraged PAH to proceed with the development on the greenfield site.
- (ii) That, in the opinion of the JHOSC, the proposal to relocate the Princess Alexandra Hospital, Harlow was not a substantial variation in service or development (this was formally expressed by a named vote whereby councillors Egan, Gadsby, Quilty, Reeves and White all voted to support that opinion and no councillors voted against that opinion).

- (iii) Further to (ii) above that the Joint Committee did not require formal public consultation but did require ongoing obligations upon PAH as below.
- (iv) That PAH should work with the Transport Infrastructure Teams at Essex and Hertfordshire County Councils and local stakeholders in both counties to develop a public transport infrastructure that incorporates provision for the new site.
- (v) That PAH should work with both Essex and Hertfordshire Healthwatch and Community and Voluntary Sector groups to identify if there are further opportunities to use different engagement methods to maximise the community reach of the public engagement process.
- (vi) That PAH should continue to engage on a regular basis with the health scrutiny committees of Essex and Hertfordshire County Councils, as they may each require, including during development of the Outline and Full Business Cases and provide detailed breakdown of feedback being received during the public engagement process.

6. Next steps

It was **agreed** that, whilst it was anticipated that no further health scrutiny of the proposals would be undertaken by the Joint Committee, there may be future opportunities identified for informal joint working between the health scrutiny committees at Essex and Hertfordshire.

The Chairman thanked the representatives from the NHS for their contribution to the discussions. There was no further business and the Chairman closed the meeting at 12.55

Chairman