



Essex County Council

Princess Alexandra Hospital (Harlow) Joint Essex and Hertfordshire Health Overview and Scrutiny Committee

11:00	Wednesday, 13 May 2020	Online Meeting
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The meeting will be open to the public via telephone or online. Details about this are on the next page. Please do not attend County Hall as no one connected with this meeting will be present.

For information about the meeting please ask for:

Graham Hughes, Senior Democratic Services Officer

Telephone: 033301 34574

Email: democratic.services@essex.gov.uk

Essex County Council and Committees Information

All Council and Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

In accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held via online video conferencing.

Members of the public will be able to view and listen to any items on the agenda unless the Committee has resolved to exclude the press and public from the meeting as a result of the likely disclosure of exempt information as defined by Schedule 12A to the Local Government Act 1972.

How to take part in/watch the meeting:

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Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

Pages

**	Private Pre-Meeting for JHOSC Members Only Members are requested to dial-in and join a pre-meet at 10.20am.	
1	Appointment of Chairman and Vice-Chairman	
2	Membership, Apologies, Substitutions and Declarations of Interest In line with the proposed Terms of Reference for this committee (which follows later in the agenda for approval), the following nominations for membership have been received from the health scrutiny committees at Essex County Council and Hertfordshire County Council (as indicated): Councillor Beverley Egan (Essex) Councillor Ricki Gadsby (Essex) Councillor Seamus Quilty (Hertfordshire) Councillor Jill Reeves (Essex) Councillor Chris White (Hertfordshire) Substitute members are permitted in accordance with the Terms of Reference.	
3	Terms of Reference	5 - 11
4	Questions from the Public A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed. Please try and let us know the day before the meeting if you wish to ask a question by emailing democratic.services@essex.gov.uk .	
4	Update from PAH and Health Commissioners on Proposed Relocation and Rebuild of Hospital	12 - 39
6	Next Steps	

7 Any Other Business

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

Update from Princess Alexandra Hospital (Harlow) and health commissioners on proposed relocation and rebuild of hospital

Reference Number: HWE-JHOSC/01/20

Report title: Terms of Reference	
Report to: Princess Alexandra Hospital - Hertfordshire and West Essex Joint Health Overview and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 13 May 2020	For: Approval as outlined below
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The Princess Alexandra Hospital - Hertfordshire and West Essex Joint Health Overview and Scrutiny Committee has been established to be the formal local authority health scrutiny statutory consultee to consider the proposal for the rebuild of Princess Alexandra Hospital (Harlow) at a new greenfield site and the proposed public engagement strategy (hereinafter “the Joint Committee”).

2. Action required

The Joint Committee is asked to consider:

- 2.1 The attached draft Terms of Reference.
- 2.2 Any necessary amendments that may be necessary to facilitate the clarity of governance arrangements and the smooth running of the Joint Committee.

and to approve and adopt with immediate effect

- 2.3 A finalised Terms of Reference for the Joint Committee.

3. Background

The draft has been prepared to reflect the anticipated short-term nature and specific focus of the Joint Committee. It outlines not only the setting up and governance arrangements for the operation of the Joint Committee but also expresses the expectations being placed on participants and stakeholders.

Update from Princess Alexandra Hospital (Harlow) and health commissioners on proposed relocation and rebuild of hospital

4. Update and Next Steps

The draft proposed Terms of Reference is attached. Next steps are as proposed under Action Required.

5 List of Appendices

Appendix 1 – Draft Terms of Reference

Princess Alexandra Hospital - Hertfordshire and West Essex

Joint Health Overview and Scrutiny Committee

Terms of Reference and Working Protocol

<p>1.</p> <p>1.1</p> <p>1.2</p> <p>1.3</p>	<p>Legislative basis</p> <p>The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Localism Act 2011 sets out the regulation-making powers of the Secretary of State in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which came into force on 1st April 2013 (“the Local Health Scrutiny Regulations”).</p> <p>Regulation 30 (1) states two or more local authorities may appoint a joint scrutiny committee and arrange for relevant health scrutiny functions in relation to any or all of those authorities to be exercisable by the joint committee, subject to such terms and conditions as the authorities may consider appropriate.</p> <p>This joint committee has been established under the Local Health Scrutiny Regulations, on a task and finish basis, by Essex Health Overview, Policy and Scrutiny Committee and Hertfordshire Health Overview and Scrutiny Committee (“the PAH Joint Scrutiny Committee”).</p>
<p>2.</p> <p>2.1</p> <p>2.2</p> <p>2.3</p>	<p>Purpose</p> <p>The purpose of the PAH Joint Scrutiny Committee is to scrutinise the initial planning and governance arrangements for a proposed re-build and relocation of Princess Alexandra Hospital (PAH) to a new greenfield site adjacent to the M11 motorway and focus on proposed governance processes, public engagement and those matters which may impact upon services provided to patients in both counties.</p> <p>The PAH Joint Scrutiny Committee is established to be formally consulted during May 2020 in accordance with the Health Scrutiny Regulations by PAH on the proposed re-build and relocation. It is anticipated that the PAH Joint Scrutiny Committee will only meet once for the above purpose in order to provide PAH with a consolidated health scrutiny view from both authorities to assist PAH prior to formal consideration of their proposal by NHS England. However, further meetings may be held if both participating local authorities so decide.</p> <p>In considering the proposals for re-build and relocation of Princess Alexandra Hospital (PAH) the PAH Joint Scrutiny Committee will consider:</p> <ul style="list-style-type: none"> • the extent to which the proposals are in the interests of the health service in Essex and Hertfordshire;

	<ul style="list-style-type: none"> • the impact of the proposals on patient and carer experience and outcomes and on their health and well-being; • the quality of the clinical evidence underlying the proposals; • the extent to which the proposals are financially sustainable <p>in determining its support and whether the proposals constitute a substantial variation of service. The PAH Joint Scrutiny Committee will consider and may comment on the extent to which patients and the public have been, and will be, involved in the development of the proposals and the extent to which their views have been, and will be, taken into account as well as the adequacy of any public and stakeholder engagement already undertaken and/or proposed.</p>
<p>3.</p>	<p>Working Protocol</p> <p>This Protocol provides a framework for scrutiny to take place.</p> <p>The PAH Joint Scrutiny Committee will be positive, objective and constructive. It will concentrate on service outcomes and seek to add value.</p> <p>The success of the PAH Joint Scrutiny Committee will rely on key organisations working together in an atmosphere of mutual trust and respect with an agreed understanding and commitment to its aims. The key organisations involved in this health scrutiny exercise must be willing to share information, knowledge and reports which relate to the delivery and success of the scrutiny.</p> <p>At all times councillors, officers and members of the organisations involved in the scrutiny will be treated with respect and courtesy. Matters of confidentiality will be observed.</p> <p>Whilst working in partnership with the NHS, the PAH Joint Scrutiny Committee will retain its independence from the NHS.</p>
<p>4.</p> <p>4.1</p> <p>4.2</p> <p>4.3</p>	<p>Membership/chairing</p> <p>The PAH Joint Scrutiny Committee will consist of three members representing Essex and two members representing Hertfordshire, as nominated by the respective health scrutiny committees at those authorities.</p> <p>Members of the PAH Joint Scrutiny Committee cannot be an executive or cabinet member of their authority. An authority may appoint a substitute to attend in the place of the named member on the PAH Joint Scrutiny Committee provided they are not an executive or cabinet member of the authority.</p> <p>The proportionality requirement will not apply to the PAH Joint Scrutiny Committee, provided that each authority participating in the PAH Joint</p>

	Scrutiny Committee agrees to waive that requirement, in accordance with legal requirements and their own constitutional arrangements.
4.4	Each authority will decide whether or not to apply political proportionality to their own members.
4.5	The PAH Joint Scrutiny Committee will elect a Chairman and Vice-Chairman.
4.6	The PAH Joint Scrutiny Committee will be asked to agree its Terms of Reference at its first meeting.
4.7	Each member of the PAH Joint Scrutiny Committee will have one vote should any matter be voted upon although broad general consent will be sought wherever possible instead. Voting will be made by a simple majority and the Chairman will have the casting vote if necessary.
4.8	The quorum will be a minimum of three members provided both participating authorities are represented in that calculation.
4.9	The PAH Joint Scrutiny Committee will be open and transparent. Any person involved in the PAH Joint Scrutiny Committee will declare any personal or other pecuniary interest that they have in accordance with their own authority's Code of Conduct relating to standards of conduct and ethics.
5.	Co-option
5.1	By a simple majority vote, the PAH Joint Scrutiny Committee may agree to co-opt representatives of organisations with an interest or expertise in the issue being scrutinised as non-voting members, but with all other member rights. This may be for a specific subject area or specified duration.
6.	Supporting the Joint HOSC
6.1	Officers from Essex and Hertfordshire County Councils will jointly provide advice and administrative support to the PAH Joint Scrutiny Committee. Any further costs incurred will be apportioned between the authorities. Further discussion on support may be necessary if the PAH Joint Scrutiny Committee resolves to further meet beyond the currently anticipated one meeting.
7.	Powers and expectations upon relevant bodies
7.1	The PAH Joint Scrutiny Committee is responsible for setting its own agenda.
7.2	In carrying out its function the joint committee may:

	<ul style="list-style-type: none"> • require officers of appropriate local NHS bodies to attend and answer questions; • require appropriate local NHS bodies to provide information; • obtain and consider information and evidence from other sources, such as local Healthwatch organisations, patient groups, members of the public, expert advisers, local authorities and other agencies; • make reports and recommendations to the appropriate NHS bodies and other bodies that it determines, including the local authorities which have appointed the PAH Joint Scrutiny Committee; • consider the NHS bodies' response to its recommendations;
8.	Power of Referral
8.1	The power to make a referral to the Secretary of State is not delegated to the PAH Joint Scrutiny Committee.
9.	Public involvement
9.1	Meetings will be accessible for the public and press to attend either in person or virtually using appropriate conference call software.
9.2	Papers will be available at least five clear working days before the meeting. The participating authorities will arrange for papers relating to the work of the joint committee to be published on their websites.
10.	Press strategy
10.1	Any press releases made on behalf of the Joint Committee will be agreed by both the Chairman and Vice-Chairman of the Joint Committee. All members of the PAH Joint Committee will be informed of any press releases being issued.
10.2	These arrangements do not preclude participating local authorities from issuing individual statements to the media provided that it is made clear that these are not made on behalf of the PAH Joint Scrutiny Committee.
11.	Report and recommendations
11.1	Once it has formed conclusions and recommendations on the PAH proposals for the rebuild and relocation, the PAH Joint Committee will prepare a formal report. All members of the PAH Joint Committee will be consulted on the draft report before it is published with the final versions of report(s) to be agreed by the Chairman and Vice Chairman.
11.2	Such report(s) will include whether any conclusions and/or recommendations contained within it are based on a majority decision of the committee or are unanimous.

Appendix 1

11.3	In reaching its conclusions and recommendations, the PAH Joint Committee should aim to achieve consensus. If consensus cannot be achieved, minority reports may be attached as an appendix to the main report. The minority report/s shall be drafted by the appropriate member(s) or authority concerned.
11.4	The final report will be presented to PAH, local health commissioners and other bodies as appropriate and will be published on organisational websites and circulated in accordance with the regulations on health scrutiny.

Update from Princess Alexandra Hospital (Harlow) and health commissioners on proposed relocation and rebuild of hospital

Reference Number: JHOSC/02/20

Report title: Update from Princess Alexandra Hospital (Harlow) and health commissioners on proposed relocation and rebuild of hospital	
Report to: Princess Alexandra Hospital - Hertfordshire and West Essex Joint Health Overview and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 13 May 2020	For: Consideration and evaluation of proposal as outlined below and identifying follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The health scrutiny committees at Essex County Council and Hertfordshire County Council have each periodically been updated on options and proposals to rebuild Princess Alexandra Hospital (Harlow) (hereinafter "PAH"). The Board of PAH now has agreed a preferred option to seek capital funding for a rebuild of the hospital at a new greenfield site near the M11 motorway.
- 1.2 The Princess Alexandra Hospital - Hertfordshire and West Essex Joint Health Overview and Scrutiny Committee has been established to be the formal local authority health scrutiny statutory consultee to consider the proposal for the rebuild and the proposed public engagement strategy (hereinafter "the Joint Committee") and to provide feedback as deemed appropriate.

2. Action required

The Joint Committee is asked to consider:

- 2.1 The attached update from PAH and health commissioners recapping on the limitations of the existing site and rationale for a rebuild, the evaluation of options and reaching the preferred option, the process for progressing a capital bid with NHS England and the proposed public engagement strategy for the relocation and rebuild should it proceed (Appendix 1).
- 2.2 A briefing note from the Democratic Service Officers at Essex and Hertfordshire County Councils who are supporting the Joint Committee which outlines the statutory basis for consultation with health scrutiny committees and suggested considerations in evaluating the significance and materiality of proposed changes by the NHS, including the impact on current and future service users. (Appendix 2).

Update from Princess Alexandra Hospital (Harlow) and health commissioners on proposed relocation and rebuild of hospital

The Joint Committee is then asked to consider:

- 2.3 Whether it can support the broad proposal and rationale for relocation and rebuild of PAH on a greenfield site.
- 2.4 Whether it considers the proposal constitutes a substantial variation of service requiring full public consultation.
- 2.5 The adequacy of the current proposal for an enhanced public engagement exercise and any further actions and re-assurances that are required to support such an approach.
- 2.6 Future health scrutiny governance arrangements during the course of the development of the Outline Business Case, Full Business Case and development of the new site should the capital funding bid be successful.
- 2.7 Any future role for the Joint Committee on this issue and/or future joint working between the health scrutiny committees at Essex and Hertfordshire either formal or informal.

3. Background

- 3.1 The PAH preferred option is to seek capital funding for a rebuild at a new greenfield site near the M11 motorway. There is a challenging and ambitious timetable for the capital funding application set by Government. Certain conditions have to be met as part of that application to facilitate full funding being granted for the preferred option. Those conditions include obtaining the support of local health scrutiny committees. The funding application is to be considered by NHS England in June 2020.

PAH have been keen to consult both Essex and Hertfordshire health scrutiny committees. As a result of discussions between PAH and officers at Essex and Hertfordshire, the Joint Committee has been established to formally consider and respond to the proposals on behalf of health scrutiny committees at Essex and Hertfordshire.

Essex HOSC held an informal discussion with health representatives in April 2020 so that they could take some initial informal 'soundings' from committee members on the business and clinical case for their preferred option for relocation and rebuild and their proposals for public engagement. Notes of that discussion are attached as a background document to this report.

4. Update and Next Steps

The update from PAH and health commissioners is attached. Next steps are as proposed under Action Required.

Cont...

Update from Princess Alexandra Hospital (Harlow) and health commissioners on proposed relocation and rebuild of hospital

5 List of Appendices

Appendix 1 – Update from PAH and health commissioners.

Appendix 2 - A briefing note from the Democratic Service Officers at Essex and Hertfordshire County Councils who are supporting the Joint Committee (as referenced in 2.2 above)

Appendix 3 - Notes of an informal discussion on 1st April 2020 between members of the Essex Health Overview, Policy and Scrutiny Committee and representatives of PAH and West Essex CCG (background document);

PAHT public engagement proposal



Purpose of Report

The purpose of this report is to provide the Committee with an update on the Princess Alexandra Hospital NHS Trust (PAHT) new hospital development programme and to gain formal support for our approach to public engagement from April 2020 and beyond.

Background

February 2019: Evaluation event held on behalf of the local health system, hosted by PAHT, with attendance by the Sustainability and Transformation partnership (STP), West Essex CCG (WECCG), East and North Hertfordshire CCG (ENHCCG), five local councils, community providers and a wide range of other stakeholders. At this event, a preferred way forward was established in line with latest Department of Health and Social Care guidelines, which was to develop a new hospital on a greenfield site by the new junction of the M11 (junction 7a). The new site is approximately 3.5 miles from the existing hospital site in the centre of Harlow.

May 2019: Essex HOSC briefed on and gave their support to the preferred way forward - to build a new hospital on a green-field site, offering improved value for money and full alignment to our strategy.

October 2019: Government announced funding for the first wave of new hospitals in England that includes PAHT.

November 2019: Essex HOSC provided with an update on the PAHT new hospital development programme which included the inclusion of PAHT in the Health Infrastructure Programme wave 1 (HIP1) and, considering the amount of funding secured within this programme, a requirement of PAHT to revisit the preferred way forward.

December 2019: The PAHT Board formally agrees to continue with the preferred way forward of a new hospital on a green-field site with a range of funding options to close the financial gap.

February – March 2020: A number of meetings/calls are held between PAHT and representatives from the Department of Health and NHS England/Improvement to discuss the development plans. It is clear that pace is a critical factor, with an expectation that schemes in the HIP1 are delivered by 2025. PAHT is asked to demonstrate how it could achieve this.

1. Our Preferred Way Forward







A new hospital on a green-field site with a range of funding options to close the financial gap

1.1 Choosing our preferred way forward



PAHT has been through a robust options appraisal process to evaluate the various options for the scope/specification and location of the new acute hospital required to maintain the quality of services and support the development of Integrated Care in Hertfordshire and West Essex.

The evaluation event held in February 2019 identified the options available to the local health system in line with the requirements of the HM Treasury *Green Book – Central Government Guidance on Appraisal and Evaluation* (the Green Book). This differs from the traditional scoring approach previously used within the NHS and instead creates a filter approach to identify the Preferred Way Forward. It also identifies a range of credible options that satisfy the key critical success factor (CSF) requirements. The following graphic identifies the short list developed from the evaluation event findings and the benefits aligned with the PAHT 5P strategic objectives - Patients; People; Performance; Place; Pounds:

	New Site, New build Open in 2025	Invest £350m in current site Open in 2028/29	Invest £350m in PAH + EPUT sites Open in 2030/31
 Patients	<ul style="list-style-type: none"> Alternative location less convenient to town centre residents (although can be mitigated) Best patient experience – all facilities built to modern clinical standards Greater capacity (also increased by the reduction of "GP walk-ins") EPR compatible and technology-enabled Flexible to future model of care 	<ul style="list-style-type: none"> Town centre location provides good access for vulnerable patients 47% new, 22% refurb, 31% retained Improved capacity over current EPR can be deployed, albeit at greater cost Less flexible to future model of care 	<ul style="list-style-type: none"> Town centre location provides good access for vulnerable patients 47% new, 22% refurb, 31% retained Improved capacity over current EPR can be deployed, albeit at greater cost Less flexible to future model of care
 People	<ul style="list-style-type: none"> Significant improvement in built environment Improved staff morale and retention 	<ul style="list-style-type: none"> Significant improvement in built environment Impact of construction on working conditions will affect staff morale and retention 	<ul style="list-style-type: none"> Significant improvement in built environment Impact of construction on working conditions will affect staff morale and retention
 Performance	<ul style="list-style-type: none"> Significant improvement in clinical adjacencies and efficiencies Targeting BREEAM "Outstanding" Targeting carbon neutral 	<ul style="list-style-type: none"> Some change in clinical adjacencies Targeting BREEAM "Excellent" Challenging to achieve carbon neutral 	<ul style="list-style-type: none"> Some improvement in clinical adjacencies Targeting BREEAM "Excellent" Challenging to achieve carbon neutral
 Place	<ul style="list-style-type: none"> Releases strategic land for housing and enables local/regional development Greater sustainability 	<ul style="list-style-type: none"> Disables Harlow's housing & Epping's development plans Reduces attractiveness of sustainable transport corridor 	<ul style="list-style-type: none"> Disables Harlow's housing & Epping's development plans Reduces attractiveness of sustainable transport corridor
 Pounds	<ul style="list-style-type: none"> Higher immediate PDC ask Reduced operating costs Minimal ongoing maintenance cost 	<ul style="list-style-type: none"> Lower immediate PDC ask High ongoing operating & maintenance cost Significant additional investment (£350m+) required within 10 years 	<ul style="list-style-type: none"> Lower immediate PDC ask High ongoing operating & maintenance cost Significant additional investment (£350m+) required within 10 years
 Political support	<ul style="list-style-type: none"> Strong 	<ul style="list-style-type: none"> Limited 	<ul style="list-style-type: none"> Limited

1.2 Case for change

- The Princess Alexandra Hospital was built in 1965 for a much smaller population. Patient facilities are below modern standards and the environment does not create a positive experience for staff or patients.
- Delivery of care is fragmented and the system has difficulty in addressing the health needs of the population. A lack of bed space can result in high waiting times and cancellations.
- The condition of the hospital estate has been identified by the Care Quality Commission (CQC) as one of the Trust's most significant risks. Much of the

estate is over 50 years old and presents clinical, operational and financial risk to the trust.






- The majority of the infrastructure has exceeded its useful life and is in a state of permanent decline. A survey conducted in 2018 highlighted that 45% of the hospital's estate was rated as poor or bad for its quality and physical condition.

1.3 Benefits

Over the next nine months, the Outline Business Case development process will follow the HM Treasury's Five Case Model to ensure that the PAHT new hospital development programme delivers the intended benefits, one of which is the optimisation of value for money in terms of economic, social and environmental benefit – known as the socio-economic case.

It is important to note that although the new facility will be transformational in the way that services are delivered (e.g. using technology and data to improve patient outcomes) the same range of services currently provided will be delivered from the new site. Specifically, emergency services, children's services, services for older people and maternity services will continue to be delivered by PAHT.

To date, and through the development of the PAHT Strategic Outline Business Case, the following benefits have been identified and aligned to the PAHT 5Ps strategic objectives:

	Patients	<ul style="list-style-type: none"> • High quality patient experience and improved patient satisfaction • Built to modern clinical standards • Better use of data and new technology
	People	<ul style="list-style-type: none"> • Improved staff recruitment and retention • Better working environment • New technology will attract high quality staff and boost retention
	Performance	<ul style="list-style-type: none"> • Improved clinical adjacencies and efficiencies • Integrated care, reduced OP, improved flow and ED performance • Improved productivity (RTT cancer standards) • Improvement in hospital flow
	Places	<ul style="list-style-type: none"> • Campus solution • Alignment to local and regional plans
	Pounds	<ul style="list-style-type: none"> • Long term financial sustainability • Increased CIP and efficiency as a result of clinical efficiencies, adjacencies, technology and working environment • Significantly reduced ongoing maintenance cost – no backlog

A new hospital on a green-field site also supports the delivery of wider health and social care benefits which will help boost regional economic growth, housing and sustainability. These benefits include:

Health and social care

- Improved access to care
- Supports population health management and integrated care
- Meets demand requirements

Harlow as a place

- Removes growth constraints presented by the current landlocked site

- Releases urgently needed land to meet local housing shortfall
- Unlocks regeneration of Harlow town centre and high street. Integrates with wider regional infrastructure plans and boosts regional economic growth and sustainability.

Our preferred way forward further aligns with existing local infrastructure planning:

The image contains three main visual components:

- Left:** A regional map of East of England with a red circle highlighting the Harlow area.
- Middle:** A detailed map of the Harlow area showing 'Enterprise Zones' (grey), 'Sustainable Transport Corridors' (pink), and 'Growth Areas' (green). Key locations include Gilston Villages, East of Harlow, Water Lane, and Latton Priory. Arrows indicate transport routes to Stansted Airport/Cambridge, Hertford and Ware, and London.
- Right:** Two architectural renderings. The top one shows a modern hospital building with a curved facade. The bottom one is a site plan for the 'North of Junction' area, showing the proposed site for Princess Alexandra Hospital and its connection to the M11.

Housing Infrastructure Fund (HIF) grant has been obtained for critical infrastructure links that will help unlock 10,000 homes in the Gilston Area development within the Harlow Gilston Garden Town.

The scheme is located within the UK Innovation Corridor, spanning from London to Stansted and onto Cambridge and Peterborough.

The Harlow Gilston Garden Town will aim to deliver 23,000 homes connected via Sustainable Transport Corridors, which support regeneration of the Harlow Town Centre.

The Garden Town aims to achieve a 60% sustainable mode share across the Gilston Area (new development) and support the shift towards 50% sustainable mode share across the whole Garden Town area.

The proposed site for Princess Alexandra Hospital compliments the East Harlow Masterplan and will also benefit from the new junction to the M11, providing enhanced local access.

1.4 Equality impact assessment

To ensure that the implications of the relocation do not increase the inequalities that exist within certain identified groups, an equality impact assessment (EIA) has already been undertaken. A task and finish group was established in the spring of 2019 to include a wide range of local representatives of the protected characteristics from West Essex and East Hertfordshire.

Individuals were identified through approaches to a variety of organisations including voluntary sector and statutory organisations to find appropriate representatives of the communities covered by these characteristics. A snowball process was used where identified representatives were asked if they knew of others who could represent other characteristics.

Thirty-six people attended the engagement event and included representation from the following organisations, covering numerous representative protective groups (except for veterans, gender reassignment and LGBT where no representatives were able to be accessed on this occasion):

- ✓ PAHT Patient Panel
- ✓ PAHT (chaplaincy, BAME representatives, safeguarding adults and children, volunteers)
- ✓ Carers First

- ✓ Essex County Council (homelessness, looked after children and unaccompanied asylum seekers)
- ✓ CVS Uttlesford, Epping Forest and Harlow (volunteers, mainly disabilities and carers)
- ✓ Beacon House ministries (homelessness);
- ✓ Essex integration (refugees and asylum seekers and gypsy/traveller);
- ✓ Accuro (carers)
- ✓ HEMU (ethnic groups across Harlow)
- ✓ Support 4 sight
- ✓ St Clare's Hospice
- ✓ Department for Work and Pensions

The workshop looked at the equality impact in two distinct areas: firstly around the issue of access to the new hospital; and secondly, all other impacts.

Appendix A: details the full outcome of this workshop. In summary, the main areas of concern and associated PAHT recommendations from the equality impact assessment are:

Section 1 : Access				
Area of concern	Detail	Lead	Recommendation	By when and by who
Transport to the new hospital from Harlow town	Concerns from many groups that moving the provision of services to outside of the town centre will require changes to how they access to hospital, particularly public transport access. Please see section 3.5 for an update on transport links	Disability, older people, carers, vulnerable groups	To set up a transport and access group to include representatives from the identified affected groups, ECC, new hospital planners, and transport experts.	PAHT strategy team By May 2020
Parking provision at the new hospital	It is likely that more patients will drive to the new hospital and parking facilities must be suitable for all patients, visitors, carers and staff	Disability, older people, carers, vulnerable groups	Parking sub-group on planning group	PAHT strategy team By July 2020
Section 2: IT				
Ensure groups are able to utilise new technology	The new hospital will have greater integration of IT across the patient pathway. Some individuals from protected groups may be less able to utilise these new services and will therefore be at greater disadvantage, although	Disability, older people, carers, vulnerable groups, staff, people	To ensure that the digitisation agenda includes consultation with the impacted groups to ensure access to digital technology that will be utilised within the hospital is fully accessible	PAHT strategy team PAHT ICT team By May 2020

	there is recognition that some of these development will benefit these groups, but an assessment must be made			
Address concerns over data sharing	Many individuals form the groups covered by protected characteristics are concerns about information sharing and potential breaches of personal data. Reassurance needs to be given to ensure that individuals are not dissuaded from sharing their data which could impact negatively on their care and subsequent health outcomes	Disability, older people,	To engage with groups with concerns over data sharing to discuss their concerns and reassure	PAHT strategy team PAHT ICT Team By May 2020
Section 2: Hospital planning				
Developing space to address spiritual needs	Current space for spiritual support does not meet the needs of those requiring places to pray.	Religion	To engage with the new hospital planners to ensure there is sufficient space for people of all faiths and none.	PAHT strategy team Chaplaincy team By July 2020
Work with all the groups representing the protected characteristics to them in the planning process and ensure they are not disadvantaged in the new building	Issues include signage, wheelchair access, hearing loops, all to be designed in partnership with representatives from these groups to ensure needs are addressed prior to hospital being built	Disability, older people, carers, vulnerable groups, people whose first language is not English	To establish a group to advise the hospital planners on the particular needs of each group when planning the new hospital.	PAHT strategy team PAHT Patient Panel Volunteer groups By July 2020
Carers needs that can be addressed without a new building	The needs of carers were identified however many of them could be addressed before the new hospital is built	Carers	To work with the patient experience team to develop a route for carers to express their unmet needs that can be addressed in the current site.	PAHT strategy team PAHT patient experience team By July 2020



PAHT is committed to continue this broad, diverse and tailored engagement with the public throughout the development of the new hospital to ensure the new facility meets the present and future needs of patients, carers and staff.

1.5 Transport links - update

A travel and access review completed by the Trust in February 2019 showed the new hospital site was accessible to a wider catchment area within 30 minute drive time and was accessible by more people within the 5 minute 20 minute drive times:

Hospital site	Population reached		
	5 minute drive time	20 minute drive time	30 minute drive time
Existing site	109,124	414,817	711,244
Junction 7a M11	121,277	407,058	745,241

A high level transport analysis conducted by Essex County Council, concluded that the new hospital on the East Harlow site will benefit from infrastructure improvements being provided by the sustainable transport corridor and bus rapid transit routes.

It is also determined that a high frequency bus service would be required for the new hospital and these buses would pass through the planned residential development to the south of the M11 link road. Therefore, an underpass will be required to take bus services across the M11 link road, and make the site accessible to public transport, pedestrians and cyclists

- In addition, PAHT is working with traffic and highways consultants to investigate the value and feasibility of altering the planned Campion's Roundabout and moving the adjacent attenuation pond to accommodate the main hospital spur access. The roundabout would allow for a suitable two lane in and out access to the hospital, which was not anticipated at the time the initial junction works were planned by Essex County Council.
- Highways England and Essex County Council have requested the next stage of transport modelling to be completed to underpin the hospital being located on the new Junction 7a and to secure formal Highways approval as part of the planning process. Jacobs (as the Essex County Council nominated transport and highway advisors) will be preparing a brief and cost for completing in April 2020.

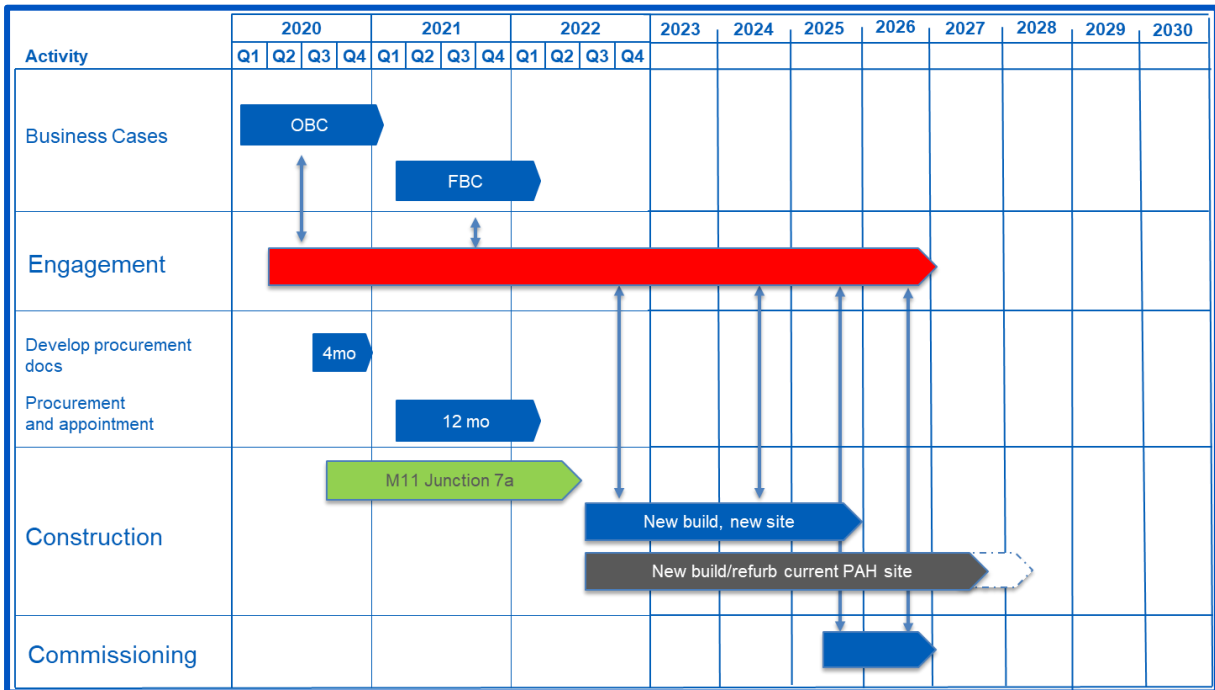
2. Further requirements of PAHT: Timeline

Following the meetings/calls held in February/March 2020 between PAHT and representatives from the Department of Health and Social Care and NHS England/Improvement, it became clear that pace is a critical factor. The aim for the Health Infrastructure Plan (HIP) is that those initial (HIP1) schemes is that they are delivered by 2025. PAHT were asked to demonstrate how it could achieve this.

PAHT have already initiated a number of key schemes to put us in the best position to achieve these tight timelines including:

- Organisational/governance structures for a project of this scale and complexity have been determined and a professional team are being deployed; and
- Programme of work has been developed to complete an Outline Business Case by December 2020 and a Full Business Case by Q1 2022.

Hitting the target date for the full business case is critical if a new hospital is to be built by 2025. The outline timeline for this is shown below:



As we have progressed this work, it has become clearer that the range of services provided by PAHT is unlikely to change. Discussions have therefore taken place with our local CCGs about the most appropriate way in which the NHS can discharge its duty to involve the public in the planning and decision-making in respect of the new hospital.

This is a significant factor in terms of the timeline above. Depending on the approach that is adopted, it may not be possible for the new hospital to be built by 2025. We would have to convey that information to the Department of Health and Social Care and await its decision as to how we should proceed. CCGs will shortly be considering this issue formally however, initial soundings are positive. A key factor in their decisions will be the view of the relevant HOSCs on our proposals for involving the public.

3. Public communications and engagement

To ensure our planning is robust, through the Outline Business Case and Full Business Case development process, PAHT will be launching a **tailored public communications and engagement programme** to ensure all audiences are at the centre of the evolving and enhancing plans for the new hospital.



Although the current relocation proposals do not involve any changes to the range of services being provided, PAHT have been actively engaging system-wide stakeholders and patients on the redevelopment and relocation plans for PAHT estate.

3.1 Proposed 2nd phase of public communication and engagement

PAHT intend to initiate a clear, concise and wide-reaching public communication and engagement programme, beginning in May 2020 and lasting the lifetime of the PAHT new hospital development programme.

PAHT will ensure there are scheduled points throughout the new hospital development programme where Hertfordshire and Essex HOCSs can formally challenge, provide guidance and support PAHT as part of the public communication and engagement programme.

The new hospital project team will establish a wide range of information and opportunities for patients, local communities, stakeholders and our people. Giving them the opportunity to engage, view and interact with the plans and to provide valuable feedback, comments and suggestions. This will ensure that the voice of our people, our external audiences and the communities we serve is an active and ongoing part of our strategy and approach to the exciting opportunity a new hospital brings to our people and to people living in the local area.

3.1 Objectives

The communications and engagement plan will:

- Raise awareness of the plans for a new hospital for local people
- Encourage and facilitate engagement with a wide range of audiences
- Involve PAHT clinical, corporate and support teams to ensure operational, practical and co-location needs are reviewed, considered and met
- Tailor information and platforms to engage with different audiences; and be agile and regularly reviewed and updated in response to progress, responses and any strategic and operational changes.
- Ensure that the voice of patients, PAHT people and local people is represented in the ongoing progress and plans
- Build on existing relationships with print, broadcast and digital media locally, regionally, nationally and specialist

3.2 Initial approach

In light of the very significant impact the current situation being managed nationally regarding coronavirus (COVID-19), the approach to communications and engagement will initially need to focus on establishing platforms and information sharing options that our patients, people and local communities can access digitally and remotely.

A stepped engagement plan will be established that provides a range of options for people to choose how they want to connect, how often and where and when. The scope of our audiences is both geographically and strategically influenced and includes:

- PAHT people
- Patients
- Local people
- Health and social care colleagues – including GPs; pharmacists; ambulance service; social care; adult and children and young people’s services
- Clinical Commissioning Groups – CCGs
- Community groups
- Local MPs and councillors
- Local councils
- Education – from pre-school to further and higher institutes
- Care Quality Commission – CQC
- Online communities
- Print, broadcast and digital media
- Social media followers

3.3 Hard to reach groups:

In light of the current restrictions around face-to-face engagement a tailored approach to engaging with hard to reach groups will be established. This will maximise the connections and engagement channels used by the One Health and Care Partnership members and will include inviting community and voluntary groups who have established programmes of support with hard to reach and under-represented groups to share information updates. Alongside this, support will be sought from local authority networks; housing associations, BAME groups and Youth Councils to include details of the new hospital and how to be involved in their existing magazines, newsletters and digital platforms.

Consideration will be given to extending an invitation to local print and online media to become a media partner and to share a regular update column provided by the new hospital programme team that will cover milestone steps and ways that local people can get involved and give their comments and feedback.

3.4 Communication and engagement tools

The initial approach will need to accommodate people accessing information remotely and through digital platforms and information cascade options. A graphic and house-style will be created for the new hospital project and this will provide a professional look and feel along with consistency and recognition of the engagement programme messages and validity of information being shared.

Tools and platforms used will provide both generic and tailored content and will include:

- Dedicated pages on www.pah.nhs.uk
- Dedicated social media platforms on Twitter, Facebook, You Tube and Instagram
- You Tube playlists
- Digital live chat sessions
- Ted Talk style briefings from key members of the project team that will be recorded and hosted on You Tube
- An email address for use to share information and updates and to also receive feedback, queries, comments

- Online polls
- Short pulse surveys to provide quick temperature checks with our audiences
- Instagram posts to show progress from breaking the ground to topping out;
- Time-lapse video for use with engagement plans and release to the media to illustrate progress and for their broadcast use
- Regular digital bulletin updates for system partners and stakeholders;
- Tailored digital bulletin updates for community groups with a request that they become part of our cascade of information through their networks at individual group level
- Short update messages posted on the digital information screens at the Princess Alexandra; St Margaret's and Herts and Essex Hospitals' sites.

3.5 Collating, sharing and responding to feedback

Feedback will be encouraged and channelled with the establishment of an agreed set of core themes for PAHT people, local people and community stakeholders to reference and respond to. This approach will allow for the flexibility to also offer the opportunity for each audience to highlight additional areas that they feel need to be considered and points they will raise for consideration.

A schedule of regular update scripts will be drafted to update on feedback received and how it is being used to support the development of the new hospital plans and the role people are playing in being part of the conversations to deliver a new hospital that will meet the needs of people living across the communities and geography the hospital will serve.

This will provide the opportunity to report back on the core themes and ensure that specific examples and responses are clearly outlined and described, that key milestones are noted along with a regularly updated timeline

3.6 Sharing feedback and updates with HOSC

To ensure that HOSC is fully sighted on the feedback received and how this is reflected in the ongoing preparation and tailoring of the new hospital plans a communications and engagement dashboard will be provided to HOSC.

- Engagement activities
- Current themes for messaging
- Communications tools and approach
- Response rates
- Digital analytics
- Media coverage

This will be supported by a highlight report that will focus on the use of feedback to inform the progress of the new hospital plans – a making it better together approach will be adopted.

3.7 Future engagement

Alongside the shorter-term engagement plan a more detailed communications and engagement plan will be developed in readiness for implementation when the current restrictions due to COVID-19 are lifted.

This will give us the opportunity to build on the success of remote and digital connections and engagement and add a range of face-to-face options that will include:

- Onsite media briefings at PAH to illustrate the poor estate and the difference a new hospital will make to patients and our people
- Onsite (new hospital development) media, MP and councillor briefings
- Regular media briefings with news editors and health correspondents
- Regular meetings with MPs and councillors and invites to community drop-in sessions
- Attending community group meetings and networks to share information and establishing a diary of attendance to maintain contact and provide updates across the duration of the build
- Continuing to work in partnership with the established PAHT Patient Panel
- Building relationships with other, community based, patient and public forums
- Inviting local college and university students to be part of an involvement group looking at artwork for areas of the hospital
- Inviting university students to connect with the development and engagement plans for the new hospital project as part of their academic thesis or dissertations – providing academic network opportunities with our clinical librarian team and also potential recruits to clinical and professional teams
- Hosting drop-in sessions in local community hubs across the geography that the new hospital will serve for local people and patients
- Regular monthly updates for our people in our in-house magazine, In Touch, and through our established people engagement option that includes, a weekly executive briefing; Alex news (Intranet); health care group and corporate board meetings
- Updates presented PAHT board meetings
- Introducing 360 sessions for our people and external audiences to encourage feedback and to facilitate an opportunity to share the actions taken in response to this feedback

3.8 Evaluation

As outlined, evaluation of the success of the engagement plan will focus on feedback received and how this is being scheduled into the new hospital plan. An engagement dashboard and highlight report will provide an insight into the analytics of the activities undertaken across all platforms that will be further informed by the level and volume of response from the audiences targeted.

As engagement expands, when COVID-19 restrictions are lifted, attendance, feedback and numbers of people regularly keeping in touch will provide intelligence of areas/audiences that we need to extend our reach to. An extended engagement plan will be implemented that meets the stages of change as restrictions are lifted.

4. Recommendations

We ask HOSC to:

- Note updates on decisions made by the PAHT Board and the working timeline for completion of the Outline Business Case and Full Business Case for a new hospital;
- Formally consider whether, or not, it considers the proposed development of a new hospital would represent a substantial change to services
- Support PAHT in the development and delivery of its comprehensive public communications and engagement programme, from May 2020 and over the life of the PAHT new hospital development programme

Appendix A

The workshop looked at the equality impact assessment in two distinct areas, Firstly around the issue of access to the new hospital and secondly, all other impacts.

Access impact

Protected characteristic	Positive impact	Negative impact
Race, religion, ethnicity	None	None
Age (older people)	None	Concern over lack of accessible transport to the new hospital Congestion on the M11 may lead to increased travel times from Harlow Concern that no bus routes will transport Harlow residents to the new hospital. Older people are comfortable with the local areas that they know. Moving the hospital may impact on wellbeing due to changes they are not comfortable with
Refugees and homeless community	The move may support some individuals to move away from their dependence on the hospital	Lack of finances to travel to new hospital Lack of confidence to travel Lack of confidence in public transport Blurred county boundaries Taking away a resource from the most deprived area.
Carers	Opportunity to develop parking bays for carers made to the	Increased transport costs There may be access issues to the car park What will the public transport be like for carers who don't drive

Protected characteristic	Positive impact	Negative impact
	needs of carers	
Disabilities	None	Negative effect if all services move out of Harlow Issues with access to the hospital as transport is required, this may not be accessible Moving the hospital will result in a change in routine for many disabled people the change in routine this has major impacts on their wellbeing. Increased costs due to the need to pay for parking or use public transport or taxis to reach the hospital, can affect the health of disabled people Could affect community relations as many community organisations are based in the centre of Harlow
Other groups	None	Changes in ambulance demand as people will be less likely to try to make their own way to the hospital.

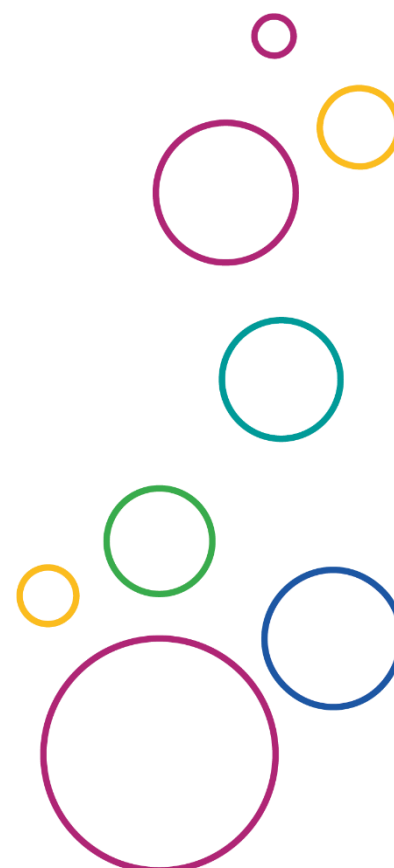
Other impacts

Characteristic	Positive impact	Negative impact
Religion	Potential to ensure the importance of space for spiritual health with enhanced spiritual support on site	None
Ethnicity	Potential to improve communication for non-English speakers (signage)	None
Age	None	Concern about moving away from a known setting and making the change Concerned about digital inclusion for those not IT literate Concern about sharing medical records via My Care Record
Refugees and travellers	Potential for improved discharge process	Harlow is the most deprived part of the area and moving the hospital

Characteristic	Positive impact	Negative impact
	<p>Potential for members of these groups to be involved in the design</p> <p>Potential to develop wrap around facilities</p> <p>Ideas for managing the travel to the new site such as shuttle service</p> <p>Opportunity for better IT</p> <p>Potential to move some individuals away from dependency on the hospital</p>	<p>away will reduce facilities in this area.</p> <p>Need to ensure satellite service remain in Harlow town centre.</p>
Carers	<p>Potential for better support and identification of carers</p> <p>Potential to build wards with needs of carers in mind</p> <p>Can ensure new Trust is wheelchair friendly</p> <p>Potential to ensure hearing loops are in place</p> <p>Staff training, ID carers on the system, NHS as a caring organisation, ID loneliness following bereavement</p>	None
Disability	<p>Potential to develop a meet and greet on site</p>	<p>Plea for some services to remain in Harlow town centre.</p> <p>Less access for vulnerable groups to A&E (i.e. drugs and drink in town centre)</p>
Others	<p>Potential to have creative parking</p>	<p>There will be a greater impact of more</p>



Characteristic	Positive impact	Negative impact
	solutions Improved navigation (signage and adjacencies) People need to be IT confident	socioeconomically deprived groups. There may be increased demand on ambulance as people from Harlow may not attend A&E independently GP services will need to shift in line with the change



APPENDIX 2

Substantial variations of service:

Statutory background

Health bodies have statutory duty to engage and involve the public and service users in planning the provision of services, changes to the provision of services and decisions affecting the operation of services. This duty applies to changes that affect the way in which a service is delivered as well as the way in which people access the service.

The latest guidance issued by the Department of Health makes clear that the NHS “should ensure that there is a meaningful and on-going engagement with service users in developing the case for change and in planning and developing proposals. There should be engagement with the local community from an early stage on the options that are developed”. (*Department of Health – Local Authority Health Scrutiny – Guidance to support Local Authorities and their partners to deliver effective health scrutiny: June 2014 – Page 23*).

The above guidance also suggests that “if informally involved and consulted at an early enough stage, health scrutiny bodies in collaboration with local Healthwatch, may be able to advise on how patients and the public can be effectively engaged and listened to”.

Consultation with the health scrutiny committee

Separate to the above duty on public involvement, there is also a specific statutory duty (Regulations under the Health and Social Care Act 2001) on NHS bodies and health service providers to consult health scrutiny committees on any proposed substantial developments or variations in the provision of health services.

What constitutes a substantial development or variation of service?

What constitutes ‘substantial’ is not defined in law and is left to local determination. The Health Scrutiny Committees of Essex and Hertfordshire County Council both currently judge each proposal on a case-by-case basis. Generally, the degree of impact of the change on patients, carers and the public who use, or have the potential to use, a service should be considered. This could include:

1. *Changes in accessibility of services.* This could be changes to eligibility to qualify for a service or the financial subsidy available for a service, withdrawal of one or more services from a site, or opening times.
2. *Changes to service models and methods of service delivery - Good public/patient engagement is essential:* how have public views been taken into

account? This might require some mitigating actions to reduce impact of the change.

3. Impact of the proposal on the wider community and other services, including transport.
4. The degree to which patients are affected - whole population or small group? However, it can still be substantial change for a small group, especially if it is a specialist service and/or patients need to access that service for a lengthy period of time.

What does the health scrutiny committee have to do first?

A health commissioner and/or provider may approach the health scrutiny committee to acknowledge that the proposal clearly constitutes a substantial development or variation of service. If so, then the first job of the health scrutiny committee is already done for them! In such a situation the health body is likely to already be planning and undertaking full public consultation and will be talking to the Committee at various points during that process.

However, if the above is not so clear and/or the health commissioner/provider is seeking advice, then it may be that as a first action, the health scrutiny committee may be asked to consider if it views the proposals as a substantial change. A substantial development or variation of service requires a full public consultation to be held (as previously stated – such public consultation is completely separate to the consultation dialogue with the health scrutiny committee. It is also distinctive from the routine engagement and discussion that takes place with local authorities as partners and key stakeholders).

If the Committee decides it is a substantial variation, then in considering proposals for a substantial change the statutory role of a health scrutiny committee is to consider:

1. *Whether the committee has been/is being properly consulted;*
2. *In developing the proposals, that the health body has taken into account the public interest through appropriate public and patient involvement and consultation?*
3. *Is any further information/clarification required?*
4. *Whether a proposal for change is in the interests of the local health service.*

If the Committee is not happy with a proposal there is an ultimate power to refer

The joint committee would refer if it is not satisfied:

- (i) with the adequacy of the content of, or amount of time allowed for, the consultation;
- (ii) that sufficient time has been allowed for consultation with the health scrutiny committee and public;
- (iii) with the reasons given for not carrying out a consultation with the committee are adequate;
- (iv) that the proposal is not in the interest of the local health service.

then it can refer the issue to the Secretary of State through the usual route for further review although it is expected that local dispute resolution processes should have been exhausted before doing this.

When consultation with the committee is not required for a substantial change in service:

Where a NHS body or commissioner believes that a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff

What information is needed by the HOSC to inform its view about the proposal?

Members will need to assure themselves regarding the impact upon access to services e.g.

- changes to eligibility
- ability of patients to access services
- availability of transport to the service (if there is a relocation)?

Members will need to assure themselves regarding the impact on service users e.g.

- who is going to be affected and how many people?
- what work has been done on this on mitigating impact?
- is there any disproportionate impact on particular groups of people?
- have those impacted been (adequately) consulted for their views and how?
- have their views been taken into account and the development of the proposal been informed by that consultation? Any mitigating actions being taken or

should be taken? This should take account of relevant equality legislation and be clear about the impact of the proposal on any disadvantaged or vulnerable groups.

Impact on quality of services

- what is the clinical evidence underpinning the change e.g. improved outcomes and patient experience or that in most cases should be no worse than neutral impact.
- will there be any impact on the standard of patient care, privacy and dignity and overall patient experience?
- is patient choice maintained?

Partnership and collaborative working

- are local clinicians on board and supportive? How is that evidenced?
- are other stakeholders on board and supportive (e.g. local authorities, community care and primary care, commissioners, STP, voluntary sector etc)

Planning and Financial

- are there any financial implications for other stakeholders? How is that being mitigated?

The health scrutiny committee should also recognise the resource envelope within which the NHS operates and therefore it should take into account the effect of the proposals on the overall sustainability of local services.

Public consultation timetable

Should the joint committee determine that this is a substantial variation of service or development a full public consultation will usually run for 12 weeks. Public consultation requires substantial planning beforehand and then significant time after for evaluation of feedback through complex NHS governance structures and can, therefore, add many months to a planning and implementation timetable. No planning or implementation work for a proposed change can be undertaken during a formal public consultation period.

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

Contact for further information: Graham Hughes (Graham.hughes@essex.gov.uk)

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	By
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