

**Draft Note - Co-operation for Sustainable Development Member Board  
22 May 2017**

**Attendance**

<b>Organisation</b>	<b>Councillors</b>	<b>Officers</b>
East Herts DC	Cllr Linda Haysey (Chair), Cllr Robert Brunton	Liz Watts, Claire Sime
Epping Forest DC	Cllr Chris Whitbread, Cllr John Philip	Derek Macnab, Glen Chipp, David Coleman, Emily Taylor
Essex CC	Cllr Lesley Wagland	David Sprunt, Rich Cooke
Harlow DC	Cllr Danny Purton	Graeme Bloomer
Herts CC		Jan Hayes Griffin
Uttlesford DC	Cllr Susan Barker	
PAH		Marc Davis
Broxbourne	Cllr Paul Seeby	

**1. Apologies**

Cllr Derrick Ashley, Herts CC  
Philip Drane, Brentwood Borough Council  
Helen Coomb, LB Redbridge  
Cllr Richard Bassett, EFDC  
Martyn Thomas, LB Havering  
Cllr Eric Buckmaster, East Herts DC  
Sarah Fraser, Natural England  
Jeremy Dagley, City of London  
Alison Blom-Cooper, EFDC

**2. Draft notes of meeting of 24 April 2017 – including review of action points**

- Action: invite Chief Executive of PAH - Marc Davis is in attendance at today's meeting.
- Action: Uttlesford DC to meet with Stansted Airport – meeting has been postponed.
- Action: Harlow DC to send letter in response to Environment Agency comments –letter has been sent on behalf of the Board.
- Action: Cllr Derrick Ashley to follow up with letter about A414 corridor which will go to the next A414 meeting on 30 May 2017. The letter will be included on the agenda will include the draft letter to Secretary of State.

**3. PAH Strategic Business Case**

It was noted that Alan Burns (Chairman of PAH) and Lance McCarthy (Chief Executive of PAH) send their apologies.

Marc Davis (PAH) reported on what has been done to develop the strategic business case for Princess Alexandra Hospital. Key points:

- There have been ongoing discussions with a number of stakeholders over the investment required to support PAH in coping with increasingly high levels of demand. In order to secure investment, the first stage is to develop a strategic outline case before a detailed evaluation of the options presented in the outline case can proceed.
- KPMG were commissioned to look at healthcare service provision in the area, exploring what the key services are, the current impact that PAH has and what options there might be for improving the way the hospital provides service.
- The decision was made in late 2016 to produce a strategic outline case. The strategic outline case will be presented to PAH board members at the end of June. Once approved, the case will

then be sent to regulators who decide whether to give approval to continue to the next stage of the process. It was noted that Marc Davis on behalf of PAH thanked the Local Planning Authorities, County Councils for their help so far and their attendance at tonight's meeting.

- The need for major capital investment can be summarised around five main themes:
  - Existing condition of facilities at PAH, St Margaret's and Herts and Essex.
  - Increased flows of emergency activity to the hospital resulting from changes in services in other areas.
  - KPMG advised that the hospital need to think about how care is provided to the community, there is a desire to move to community care model that can deliver care at a lower cost but is proven from examples to provide better care.
  - PAH is a small district general hospital, and the proximity to London presents challenges such as work force. There is a need to attract the highest quality workers, to do that for specific service areas a networking approach must be considered.
  - As is happening nationally, there is a workforce issue in recruiting and retaining staff. In particular, retaining workers who complete their training at PAH is a factor so the hospital would like to improve its educational offer.
- There were initially 25 options for change ranging from whether the hospital was needed; to relying on a community hospital provision. Many of these were discounted at an early stage as they did not meet current criteria. There are five scenarios now being considered as part of the strategic outline case:
  - Do nothing
  - Refurbish existing hospital site – major refurbishment to take place over a number of years, replacing facilities and temporary buildings on site.
  - Rebuild new hospital on existing site – Complex undertaking due to constraints associated with the current site such as listed buildings, ancient burial grounds etc. There would be an additional challenge of balancing the provision of service while rebuilding the site.
  - Identify a new site to build a new hospital building.
  - Identify a new site to build a health and wellbeing campus where health and social care functions are provided on one site. Potential uses associated with this option are training and development facilities, leisure facilities, affordable housing, as well as a new hospital.
- The do nothing option is not sustainable for reasons already given. From a financial perspective, the hospital would look to move to a greenfield site, and there are benefits with the fifth option of a campus model in terms of how it aligns with how the healthcare service may develop over the next few years such as aims to have a digital hospital offer and link up more efficiently with community services.
- In terms of funding there is an affordability challenge. The two main considerations are raising capital to build and raising capital to fund ongoing running costs. As part of the strategic outline case the financial advantages of each option are being looked at, initial findings indicate that options four (new site) and five (campus model) offer the best value for money. Once the strategic outline case is approved, the next stage includes further rigorous evaluation of funding and this will be shared with stakeholders. PAH indicated that they are keen to explore scope for collaboration with Local Planning Authorities to contribute to the affordability challenge, and that the hospital would like to submit a bid with high level letters of support from the authorities. The strategic outline case will be submitted to regulators following its approval from the board members at PAH but this may not be considered until September 2017 due to the general election.

Cllr Haysey noted that there is a great deal of political will to help PAH progress, and that the new sites that PAH is looking at will only be there for a short window due to the Local Plan process. There is a need to reassure residents that progress is being made and guarantee good healthcare provision.

Marc Davis stated that PAH recognises that and are very keen to move this forward. The more that PAH and authorities can be seen to be working together the more chance there is of progressing.

Cllr Danny Purton inquired about the campus model option, asking to what extent does a building have to be designed to be a hospital, do you need a specialist building?

Marc Davis stated that there are strict national guidelines that give specifications for new build hospitals. PAH are very keen to explore within that guidance how a modern facility can be developed. Ambition would be to co-locate research and development or commercial industry on site. Public Health England's choice to move to the area gives a fantastic opportunity for the hospital.

Cllr Susan Barker noted her support for the accountable care model.

Marc Davis agreed that accountable care strengthens the case for the hospital. There is a growing body of evidence that integrated systems of health and social care and primary and secondary care result in better clinical outcomes delivered at lower cost. Currently the hospital is paid on a tariff basis. Accountable care brings all health providers together and gives a set amount of funding for a population, it focuses on supporting people to manage their own care so that they rely less on the healthcare system and that more serious health problems are mitigated early on.

Cllr Paul Seeby stated that it is clear that the current system isn't sustainable. How do Sustainability and Transformation Plans currently factor in?

Marc Davis stated that the vision is that PAH would provide a hub that would have other facilities managed out of it. The provision of services at different locations is being looked at to make better use of facilities and appreciate that the quality of some facilities could be improved.

Cllr Paul Seeby proposed meetings with individual Local Planning Authorities to discuss individual needs.

Marc Davis indicated that PAH would be happy to hold these.

Jan Hayes Griffin raised concern over the issue of PAH potentially missing the window of opportunity with the sites included in Local Plans. Authorities want to ensure that future development does make a significant contribution to NHS services. Have developer contributions been considered?

Marc Davis reported that PAH are keen to see maximum opportunities for contributions, and would welcome support of local authorities in coordinating this. PwC have highlighted opportunities for funding and working with local authorities all of which have been highlighted in strategic outline case. PAH are keen to get Chief Financial Officers from NHS and local authorities to discuss.

Jan Hayes Griffin proposed a Memorandum of Understanding on health services to support PAH.

David Coleman stressed the importance of working together to procure developer contributions. The NHS does not tend to employ in house planning representation; this may be something that needs to be explored.

Marc Davis agreed that this was a salient point. The need for expert planning advice has been flagged as part of the costs for the next stage of the process. The NHS is currently under resourced in terms of planning capabilities for this project.

Graeme Bloomer stated that the location of the site and exact land take are needed as soon as possible in order to secure the land through the Local Plan process. The authorities also need an indication of how much contribution PAH will need. The timeline of the work was questioned.

Marc Davis stated that AECOM looked at potential sites for the options. It is anticipated that 14 hectares would be needed for the campus model option. The AECOM study identified a number of

sites in the area. PAH cannot give an indication of timescale at the moment but are keen to start more detailed discussions once the strategic outline case has got through the first stage.

Cllr Linda Haysey inquired as to whether there is anything that the authorities can do to help the proposal progress in June.

Marc Davis stated that a MoU or joint letter of support to the case from all 5 local authorities would be welcome and add value.

Cllr Linda Haysey noted agreement to produce a MoU to support this. **Action: EFDC to start drafting a letter of support for June meeting, to work with PAH to develop this.**

Marc Davis outlined that ideally the letter would be received prior to the meeting with PAH Board members on 22 June 2017; but that it is not absolutely critical if came shortly after. The strategic outline case will also be shared with all local authorities.

David Coleman raised the point that it would be useful to set out exactly what needs to go into Infrastructure Delivery Plans for the respective local planning authorities in an eventual MoU once further clarity has been received. This would help to demonstrate support for new facilities and a coordinated approach.

David Sprunt fed back to the Member Board on the scoping of survey work for potential locations of the PAH hospital. Total costs are estimated to be £36,000. Due to the lack of detail surrounding the PAH proposals there is a limit to what can be done now. David Sprunt inquired how best to progress – should the surveys be postponed to a later date? PAH cannot contribute to the funding of the surveys other than through contribution of staff time. Essex CC is able to provide some funding but not all therefore the authorities are asked whether they would consider contributing.

It was agreed that postponing the survey work is the best course of action until further details become available.

Liz Watts stated that the PAH steering group has a new chair who has experience in building hospitals and business cases. It has been communicated that PAH is not asking for grants but business agreements that include measures where the hospital provides returns in exchange for investment.

Claire Sime outlined the importance of deciding on the location of a new site for the hospital as it would impact on the relevant authority's housing numbers.

Cllr Lesley Wagland endorsed comments on the time it takes to develop new hospitals. Further detail is needed around land take and other elements of the scheme such as the amount of housing.

Cllr Linda Haysey proposed to discuss funding of the survey work at June Co-op Member Board meeting. Cllr John Phillip supported this as the authorities present would need time to discuss.

**Action: David Sprunt to set out in an email exactly how much funding is being sought from each authority.**

#### **4. Update on Memoranda of Understanding**

Employment MoU: the presentation to the Board by Hardisty Jones had been postponed following an officer meeting on 18 May 2017 which had highlighted that there is further work and discussion required. Hardisty Jones has been asked to provide a briefing note and a meeting will be arranged so that relevant participant authorities can be briefed on findings to date prior to the next Board meeting.

## 5. Waste Water

Harlow DC has sent the agreed letter to utilities companies and the EA. **Action: Harlow DC to convene a combined meeting.**

## 6. Any other cross-boundary/strategic matters

### *Highway matters*

Highways England stated that they are approaching some key delivery dates, working closely with the County Councils on the A120 proposals and ongoing work around Junction 7a.

Cllr Danny Purton asked Highways England to elaborate on where we are with Junction 7a.

Highways England stated that the business case for Junction 7a involves ministerial support to switch funding from Junction 7 and this has been done. Junction 7a is an Essex CC scheme not a Highways England scheme, so once funding is secured Essex CC will be managing this.

Cllr Linda Haysey inquired whether there is any discussion being had on the A414.

Highways England stated that this is currently an Essex CC scheme.

Jan Hayes Griffin reported that work is being undertaken on possible bypasses. Herts CC will be talking to the Department for Transport about having a strategic infrastructure plan for the county and how infrastructure will be funded.

Cllr Paul Seeby inquired as to whether any work is being undertaken on congestion on the M25, close to Broxbourne. **Action: Highways England to follow up query on M25 improvements.**

Cllr Susan Barker inquired as to how we involve MPs in securing what is wanted for the districts.

### *Local Plans update*

East Herts DC have had the first set of questions from their appointed Planning Inspector. This had included questions about the SHMA housing numbers. East Herts are discussing with the other SHMA authorities a brief for ORS to undertake an updated piece of work that will respond to these questions. The Council have until 9 June 2017 to respond with their proposed approach and timeline.

Cllr Linda Haysey reported that another seminar was held with Gilston residents looking at potential locations of infrastructure. The next one is at the end of June.

Harlow DC will be taking a report to a Cabinet meeting on 22 June 2017 with recommendations for a new Local Development Scheme and updated timeline which aims for Regulation 19 consultation around the end of Autumn and approval of development management policies and the other is to approve the updated Local Development Scheme

Uttlesford DC are continuing to narrow down the options for New Town sites, officers will be presenting preferred options to members in a couple of weeks. The Council is aiming to hold their Regulation 18 consultation this summer.

EFDC are aiming to feedback the results of the Regulation 18 consultation to the July Cabinet meeting. David Coleman stated that a developer forum has been set up, one session looks at strategic sites around Harlow to which East Herts DC and Harlow DC are invited to attend. The Council is looking to take forward strategic masterplans and enter into PPAs with respective developers and a report is going to the June Cabinet to agree the approach.

## 7. 'Harlow and Gilston Garden Town' Update

Following the two briefs that were sent out, two consultants have been commissioned. Allies and Morrison/Urban Practitioners will undertake the work on spatial visioning and design charter. Arup will undertake the work on project management. Inception meetings have been set for the 7 June 2017. It was noted that the quality of submissions was very high.

A job description has been produced for a Garden Town Support Officer, this is currently being discussed by officers.

A meeting took place with the HCA and DCLG earlier in the week to discuss the process moving forward. The Government has made a further 2.5 million in funding available for this financial year, to be allocated across all 9 Garden Towns. Officers are working together to complete a submission which is due at the end of this week to secure further funding.

**Action: Cllr John Philip noted that EFDC will need to be resent signatures to ensure support is recorded.**

## 8. Election of a new chair

Cllr Danny Purton accepted the role of Chair. As Cllr Purton will not be in attendance at the next Co-op Member Board meeting, Cllr Linda Haysey was asked to Chair the next session and accepted.

### AOB

None.

## 9. Dates of next meetings (confirmed):

- Monday 26 June 2017 - (6.30pm, EFDC Civic Offices)
- Monday 31 July 2017 - (6.30pm, EFDC, Civic Offices)