

## DOVER HEALTHCARE – UPDATE REPORT

### Introduction

1. At its meeting on 17 September 2008 the NHS Eastern and Coastal Kent (NHS ECK) Board received a report on Dover Healthcare which looked at the estates options for enabling the delivery of a model of care developed through public consultation and agreed by the Board of East Kent Coastal PCT, a predecessor to NHS Eastern and Coastal Kent, in 2006. The report asked for a decision on the preferred estates solution and site which would best support the agreed model of care.
2. The Board agreed that the development of a community hospital on the mid-town site in the centre of Dover was the preferred option. Its minuted decision was:

**The Board approved the recommendation that a new community Hospital is developed by East Kent Hospitals University Trust on the Mid Town site in Dover through a co-operative programme including the PCT and Practice based Commissioning and with full patient, public and stakeholder engagement.**

This was based on the assessment of the potential solutions against a number of criteria which had been developed with public involvement. The criteria were:

- Supports the delivery of Dover and Aylesham Practice Based Commissioners (PBC) and NHS Eastern and Coastal Kent Commissioning intentions
  - Suitable arrangements for car parking – sufficient space for patients and staff
  - Accessibility – measured through the percentage of households able to access the site within 30 minutes by public transport or on foot
  - Flexibility/Future Proofing – potential for expansion, able to adapt to future changes in need/service
  - Deliverability – time scale and site availability
  - Value for money – estimated cost of site and build led and informed by the production of an OBC by EKHUFT
  - Adjacencies with other health services such as GPs, Dentists and Pharmacies
  - Location - in area of greatest health need, area of high deprivation
  - Wider considerations – e.g. contributes to regeneration
3. At the time it was clear that all options under consideration had a number of known risks and benefits which would crystallise as the development progressed. In addition it was clear that not all risks and benefits would be apparent at the point at which the decision was to be made. Therefore it would be necessary for the Board's decision to be kept under review as the delivery of the development progressed. One of the key risks was that of flooding on the site.
  4. Over the last year a number of these risks and benefits have become clearer, although it will never be possible to have complete certainty, it is now timely that the Board receives an update on progress and considers the steps to be taken to review and if necessary revise the decision it made in September 2008.

### Progress to date

5. There continues to be a consensus view across the local NHS that the delivery of improved health services for the people of Dover is a priority. Work is progressing to
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deliver improved services within the constraints of the existing infrastructure and to explore ways of providing care that are not dependant on NHS buildings. However in line with the PBC intention of a central Dover facility to act as a focal point to bring together local services the need for an improved infrastructure development remains pressing.

6. NHS ECK and PBC have continued to work together to develop further detailed commissioning intentions and service specifications for services to meet the health care needs of the people of Dover. These remain within the original model of care agreed in 2006 and the Dover and Aylesham PBC commissioning intentions agreed by the NHS ECK Board in July 2008.
7. East Kent Hospitals University Foundation Trust (EKHUFT) has developed detailed designs for the new building. These designs have been held at the stage where they remain adaptable for alternative sites if required. However, they have enabled detailed discussion between EKHUFT, Dover and Aylesham PBC and NHS ECK on the ability of the accommodation proposed to meet the agreed commissioning intentions and service specifications. To date it is clear that the proposed design can accommodate the majority of the commissioning requirements.
8. Dover District Council has commissioned a detailed Flood Risk Appraisal (FRA) for the mid-town area as part of a wider review of central Dover. The preferred site for the hospital development is within this area. This appraisal is in its final stages and is likely to be concluded by mid October. One of the key challenges already identified is how to maintain safe access and egress to the site in the event of a flood.
9. To date the work has highlighted opportunities for defending the area from flooding as well as challenges around surface water run off which need to be considered by all the relevant agencies and authorities. Once an agreed position is reached the FRA will be published and will form part of the evidence base for the Local Development Framework which is used to inform decisions on development proposals in the area. This would also include planning decisions in relation to the hospital.
10. From the work on the FRA undertaken to date it is clear that as part of any planning application on the site it will be necessary for a Sequential Test to be undertaken to demonstrate to the Environment Agency that there is no appropriate, reasonably available site for the development in a lower flood risk zone. NHS ECK as the strategic leaders of the local NHS and EKHUFT as the developer of the site therefore need to work together to ensure they have taken the required steps to meet the requirements of the Sequential Test. This work stream will run in parallel with the conclusion of the mid-town area FRA.
11. The Department of the Environment, Food and Rural Affairs (DEFRA) has recently announced that it is awarding Kent County Council a grant of £100,000 to develop a Surface Water Flood Management plan for Dover. The impact of this announcement will need to be taken into account in understanding the flood risk and the options for mitigation of flooding. The development of proposals from Southern Water Services in relation to surface water will need to be examined as part of the process.

### **Next Steps**

12. Work is already underway to conduct an assessment of the potential alternative sites for the development of a new hospital for Dover as per the requirement for a sequential test. It will be necessary to assess the potential of these sites to provide an

appropriate and reasonably available alternative to the current preferred site in mid-town.

13. It is proposed that any alternative sites, including those previously identified at Buckland Hospital and Whitfield are evaluated against the site assessment criteria used originally to select the current preferred site. In addition it is proposed that the mid-town site is re –evaluated against these criteria to ascertain if it remains the preferred option. This will ensure that the requirements of the Sequential Test are met.
14. It is proposed that the site evaluation is conducted as before with the involvement of key stakeholders. Through previous engagement processes a stakeholder analysis has been undertaken and will be used to ensure good engagement in the evaluation process. An event will be held in October with a group of stakeholders during which the current situation and next steps will be reviewed in light of new information. The outcome of this event will inform the Board decision in November.
15. NHS ECK will consult with the Health Overview and Scrutiny Committee at Kent County Council to ensure that this process meets with their approval making any adjustments to the process as advised by them.
16. It is proposed that the outcome of the site evaluation is presented to the Board at its November meeting so that the Board can review and if necessary revise its decision on a preferred site for the development of a community hospital in Dover.

#### **Board Action**

17. The Board is asked to approve the process for undertaking an evaluation of alternative sites and a re-evaluation of the mid-town site with a report on the outcome to be presented at the November meeting.