

East Kent Transformation Programme

Briefing to Chair of HOSC

6 June 2018

Over the last 12 months, the east Kent system has provided a number of updates to the HOSC. These updates have provided an overview of the operational and financial challenges that the system is facing as well as proposals and options for the future delivery of in and out of hospital services. As HOSC is aware, future transformation of services is complex and demands a whole system approach with no single organisation able to deliver the whole scale change alone.

In April 2018, NHS England updated its guidance on the process for assuring and approving significant service reconfiguration proposals ahead of public consultation. The new guidance extends the requirements on the local system that must be fulfilled before the go-ahead can be given for a full public consultation, particularly on an issue as complex as the transformation of health services in east Kent. It sets out a number of key stages of the prescribed assurance process as well as four tests and supplementary conditions that the proposals will need to satisfy.

The east Kent Case to date

As HOSC is aware, by working through a systematic process, we have identified what has been termed as Option 1. Namely: the creation of a major emergency centre with specialist services at the William Harvey in Ashford; an emergency centre at the Queen Elizabeth Queen Mother in Margate; and a GP-led urgent care centre at the Kent and Canterbury. This option would be deemed a relatively low-cost capital option, although work continues to fully assess the capital implications.

The approach from the developer to provide the shell of a hospital at Kent and Canterbury introduced what is termed Option 2. Namely: the creation of a major emergency centre at the Kent and Canterbury; and GP-led urgent care centres at the other two hospitals. Whilst the developer has offered to gift the shell of a hospital to the NHS, there would be a significant capital investment required to fit out the shell.

Both options require significant investment and development to local care including primary care and community services, to enable integrated care across the whole system, which is essential to meet the needs of patients, particularly those with complex health problems and ensure a sustainable local health economy. These dependencies require detailed planning and alignment of clinical service models for in and out of hospital care, financial and activity models that consider shifts in activity and service provision as well as workforce and estates requirements to ensure effective delivery.

The business case that is submitted and considered by NHS England will need to include this detail and provide a compelling case for the proposed changes including why the change is needed and why the proposed model is the one that best supports local

population needs. It will also demonstrate the case for required capital investment in the system as well as the potential source of this capital.

Readiness Assessment by EY

As we progress to drafting the business case ahead of its submission to NHS England, the east Kent system has commissioned management consultants EY to complete an independent assessment of the work to date to transform services, and to prepare the business case. The readiness assessment recognises the considerable amount of work that has been undertaken to reach the current stage and the proposed two options. The assessment also identifies the further work that is required to progress the two options and meet the requirements of the updated NHS England guidance. The insight at this stage allows us to address these gaps, an investment in time now that should benefit us in the later assurance stages.

Timeline to deliver the programme

There are a number of variables and amendments to previous requirements that are having an impact on our timelines to deliver a business case and proposals which we can take to formal public consultation. These include:

- evaluating two options, not one
- modelling the impact and benefits of whole system change that presents a compelling case for change
- pre consultation engagement with patients, carers, communities and stakeholders
- undertaking further work around Option 2 with its proposed blended source of capital (i.e. a potential gift in kind from a developer and a request for public capital)
- identifying sources of capital
- a number of commercial considerations around the total programme of work
- a more detailed affordability assessment linked to the increased capital ask.

In addition to these specific requirements, the system is also reflecting on the experience of the recent stroke consultation and will incorporate learning into the planning and engagement on any proposed changes.

The revised timeline is dependent on a number of factors. Some of these factors are within our control, for example, populating the draft business case with the required content. Others such as the scheduling and pace of progress through the assurance steps will be determined by NHS England's assessment of the proposals and deliverability. These must be approved by NHS England prior to the east Kent system being able to proceed to public consultation. Work is ongoing to develop a timetable that takes into account these factors and confidently delivers the system and all proposals to public consultation.

The east Kent system, and the CCGs as the lead on the public consultation, are committed to the delivery of the programme at the pace required to support the successful delivery of the required changes and of safe, quality services.