AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 5th September, 2008, at 10.00 am
Council Chamber, Sessions House
County Hall, Maidstone

Ask for: **Paul Wickenden**
Telephone **(01622) 694486**

Tea/Coffee will be available from 9:45 am

Membership (17)

Conservative (12): Mr A R Chell, Mr B R Cope, Mr A D Crowther, Mr J Curwood, Mrs S V Hohler, Mr G A Horne MBE, Mr R A Marsh, Mr R J Parry, Dr T R Robinson, Mr R Tolputt and Mrs E M Tweed

Labour (4): Mr M J Fittock (Vice-Chairman), Mrs C Angell, Ms A Harrison and Mrs E D Rowbotham

Liberal Democrat (1): Mr D S Daley

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

Item No		Timings
1.	Membership (oral report)	
2.	Substitutes	
3.	Election of Chairman	
4.	Declarations of Interests by Members in items on the Agenda for this meeting.	
5.	Minutes - 18 July 2008 (Pages 1 - 4)	
6.	Application for Foundation Trust Status (Pages 5 - 6)	10:15-10:25 am
7.	Dates of meetings in 2009	10:25-10:30 am

9 January
6 February
20 March
1 May
17 July
4 September
16 October
27 November

8.	Dover Healthcare (Pages 7 - 44)	10:30-11:15 am
	BREAK 11:15-11:30 am	
9.	Dover Healthcare (cont'd)	11:30 am-12:30 pm
10.	Date of next programmed meeting – Friday 17 October 2008 at 10:00 am	

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services and Local Leadership
(01622) 694002

28 August 2008

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Friday 18th July, 2008.

PRESENT: Mr M J Fittock (Vice-Chairman in the Chair), Mrs C Angell, Mr B R Cope, Mr A D Crowther, Mr J Curwood, Mr D S Daley, Ms A Harrison, Mr C Hibberd (substitute for Lord Bruce Lockhart), Mrs S V Hohler, Mr G A Horne, MBE, Mr R A Marsh, Mr W V Newman (substitute for Mrs E D Rowbotham), Mr R J Parry, Dr T R Robinson, and Mrs E M Tweed.

OTHER MEMBERS PRESENT: Mr G K Gibbens (Cabinet Member for Public Health).

IN ATTENDANCE: Mrs A Tidmarsh, Head of Adult Services (East Kent); Mrs D Fitch, Assistant Democratic Services Manager; Mr T Godfrey, Research Officer to the Health Overview and Scrutiny Committee; and Mr A Tait, Democratic Services Officer.

UNRESTRICTED ITEMS

28. Minutes

RESOLVED that subject to recording that Mr Northey was substituting for Mrs Hohler and that the figures quoted by Mr Chell in Minute 25 (12) being 1 Doctor per 1000 patients, the Minutes of the meeting held on 13 June 2008 are correctly recorded and that they be signed by the Chairman.

29. Monitoring of outcomes from conclusions and recommendations of previous Health and Overview Scrutiny Committee meetings
(Item 4 – Report by Overview, Scrutiny and Localism Manager)

(1) Mr G K Gibbens informed the Committee that Kent and Medway Networks (KMN) had been appointed as host organisation for the Kent Local Involvement Network (LINk).

(2) Dr T R Robison reported his attendance together with Mr Fittock at a meeting with colleagues from the West Kent PCT and the Maidstone and Tunbridge Wells NHS Trust. This meeting had considered the conclusions of the Independent Reconfiguration Panel, including a Consultant-led A and E Service at Maidstone Hospital and a Centre of Excellence for Acute Orthopaedics and a Trauma Centre at the Kent and Sussex Hospital. These recommendations had the approval of the Secretary of State and the HOSC's role would be to monitor the recommendations and actions to ensure that they were carried out in the set timescales.

(3) RESOLVED that the report be noted.

30. East Kent Older People's Mental Health Strategy

(Item 5)

(John Carey, Director of Capital Planning and Acting Director of Facilities, Andy Oldfield, Deputy Director of Public Health), Kent and Medway NHS and Social Care Partnership Trust; Linda Caldwell, Joint Development Manager, Eastern and Coastal Kent Primary Care Trust; and Anna Tidmarsh, Kent Adult Social Services were in attendance for this item)

(1) Mr Carey outlined the three Options for the redesign of Inpatient Services for Older people with mental health problems in the Eastern and Coastal Directorate of the Kent and Medway Partnership Trust. These would incur capital costs of between £8 and 13 million which would sit alongside the cost of the new unit on the St Martin's site in Canterbury (£20 to 25 million) and the redesigned Medway Hospital Inpatient Services (£12 to 15 million). He asked for comments from Members of the Panel.

(2) Dr Robinson welcomed the significant investment in community services. This had resulted in dramatic improvements to St Martin's Hospital. He believed that the service should be based on need rather than age and that this principal would be best served by Option 3 which involved locating 15 beds for Older Inpatients at St Martin's in addition to the new unit.

(3) Mr Marsh spoke in favour of an additional Option which would increase the overall number of beds to 121. This was because there could be an increase of up to 100 Older people in need of beds in the next 2 to 3 years as the population increased and aged. He did not agree that the capital costs should be capped at £13 million, and believed that the approach should be more ambitious and caring.

(4) Mrs Tweed gave an example of a family who had recently been unable to access help for an older person with mental health problems and schizophrenia who had suffered a crisis in the late evening. It needed to be evidenced that this would not happen as a result of the redesign. There was a need for additional carers and resources needed to be provided to support the families of those older people being cared for at home.

(5) RESOLVED that the report be noted.

31. Audiology

(Item 6 – Report by John Beadle, Former PPIF Member)

(Lynne Selman, Director of Citizen Engagement and Communications, Alison Davis, Assistant Director Delivery and Performance, and John Ransome, Eastern and Coastal Primary Care Trust; Bob Deans, Deputy Chief Executive, and Julia Ross, Director of Civic Engagement, West Kent Primary Care Trust were in attendance for this item).

(1) Mrs Angell noted that the total Audiology Waiting List for West Kent PCT now stood at 608 with no patients waiting longer than 6 weeks to be seen. The total figure for East Kent PCT was 1091. The target was that no one should wait longer than 18 weeks from referral to treatment. A breakdown of waiting times was needed to assess how long patients were waiting for a correct fitting. She also asked what information about the necessity of returning unneeded hearing aids was given to patients at the time of fitting.

(2) Mr Deans said that the West Kent PCT had spent an additional £0.5 million in 2007/08 in order to ensure that no one waited longer than six weeks to be seen and that they were able to choose their preferred provider. The PCT also undertook follow-up work after fitting took place.

(3) Mr Ransome said that in December 2007, patients had been waiting for as long as 85 to 93 weeks. By the end of March 2008 this had been reduced to the point where 1000 patients were waiting on an 18 week pathway for assessment and fitting. In Swale there were 4 GP practices, offering greater choice and reducing the wait from referral to assessment to 4 weeks. Patients were followed up by phone after fitting and again after 3 years. The PCT aimed to reduce the time between referral and fitting to 10 weeks.

(4) Mrs Hohler expressed concern over the incomplete nature of the data available and on the sustainability of the improvements made. She asked whether the figures included conversion from analogue to digital and whether the system was sufficiently robust for automatic recall.

(5) In response to Mrs Hohler, Mr Ransome said that routine recall was not yet taking place and that there were still a considerable number of analogue aids. On the other hand, additional audiologists had increased availability in the market place. East Kent PCT was very confident that the improvements were sustainable.

(6) Mr Deans said that in West Kent there was also no automatic recall. Although staff had been working hard, there was only anecdotal evidence to suggest that there had been high levels of overtime. There were only a small number of people waiting for an upgrade to their aids. He was confident that the right levels of resources were available.

(7) RESOLVED that the report be noted.

32. Dentistry

(Item 7)

(Lynne Selman, Director of Citizen Engagement and Communication, Jayne MacDonald, Head of Primary Care and Community Commissioning, Eastern and Coastal Kent Primary Care Trust; Bob Deans, Deputy Chief Executive, Bill Millar, Assistant Director of Primary Care and Julia Ross, Director of Civic Engagement, West Kent Primary Care Trust were in attendance for this item).

(1) The Chairman asked whether money for Dentistry was ring-fenced, whether there were any staff skill shortages and for statistical details to be made available to the Committee. Mr Millar replied that the resources for Dentistry were dedicated to that particular branch of medicine and that there was no intention to take any resources away from it.

(2) Mr Horne said that NHS patients did not believe that the planned improvements had been achieved. The number of complex treatments had fallen for a number of reasons. For example, remuneration for root canal work did not cover cost. Many Dentists were not carrying out any NHS work at all. He asked how the public would be informed when and where NHS service was provided, and what would happen when it became the responsibility of the PCT.

(3) Mr Millar said that the department of Health's new dental contract had been brought in with difficulty. Its purpose was to ensure that PCTs fulfilled their obligations. In East Kent, cost per unit had previously depended on historic arrangements. This was being replaced by an incentive scheme to ensure a level playing field. The public was kept informed of the PCT's work through publications and the media.

33. Diabetes Services

(Item 8)

(Pamela Akhurst, Head of Physical Disabilities, Eastern and Coastal Kent Primary Care Trust; Bryndon O'Connor, West Kent Primary Care Trust; and Valerie Gooding, Secretary, Diabetes UK Maidstone and District Office were in attendance for this item).

(1) Mr O'Connor and Ms Akhurst informed the Committee that the education service only applied to newly-diagnosed diabetics at this time. GP surgeries provided a screening programme for Under 40s. They were looking for coronary heart diseases and obesity rather than high blood sugar levels, which already affected a substantial percentage of the population.

(2) Mr O'Connor said that most care took the form of primary care or GP surgeries. About 5% needed specialist services with a further 15% needing a mixture of specialist and integrated primary care support.

(3) In response to a question from Mr Horne, Mr O'Connor confirmed that there would not be a diabetic centre at Pembury Hospital. This was not the best location from either a clinical or service delivery perspective.

(4) Mrs Gooding said that the concern of Diabetes UK was where this service would be provided in West Kent. Mr O'Connor replied that this was still under discussion. It would be located near a population centre and to other medical practices.

(5) Mr O'Connor said that there would be a need to adequately resource the ageing population. Work on smoking, lifestyle, blood pressure, preventative provision would tie in with this. Diabetes had also been targeted for health inequalities, both in terms of access to medical care and incidences of the illness.

(6) Mrs Angell suggested that there should be a report to a future meeting of the Committee on combining resources and strategies of all the relevant agencies throughout the County.

(7) Mrs Gooding stressed the need for education for everyone with diabetes. This needed to be achieved by expanding upon the work of the local self-help groups.

(8) RESOLVED that the report be noted.

By: Overview, Scrutiny and Localism Manager

To: Health Overview and Scrutiny Committee – 5 September 2008

Subject: Application for Foundation Trust Status

Application for Foundation Trust Status – East Kent Hospitals Trust

1. Just after the last meeting of the Committee I received a request from the East Kent Hospitals Trust for a letter of support for the Trust's application for Foundation Trust status. This was required by 31 July 2008. After consulting the Chairman, Vice Chairman and Liberal Democrat Spokesman of the Committee a letter of support for the Trust's application has been sent to the Trust.

Paul Wickenden
Overview, Scrutiny & Localism Manager
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Background Information: *Include ALL background information taken into account in preparing the report. (This does not include previous Committee Reports)*

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Item 8 – Buckland Hospital and Health Services in Dover

The Health Overview and Scrutiny Committee considered this issue during their meeting of 9 May 2008.

The Committee's decision was as follows:-

> RESOLVED unanimously, on the motion of Dr Robinson, seconded by Mr Marsh, that:-
>
> > *The Health Overview & Scrutiny Committee of KCC strongly recommend & support E K Hospitals Trust working closely with the ECK PCT & Dover District Council to locate a central site in Dover for the Community Hospital Services for the population of Dover & the surrounding areas.*
> >
> > *This proposal to be delivered to the EKHT by the end of August 2008. This third option to be considered & evaluated alongside options I & 2 concerning the Buckland Hospital Site.*

As a result of examining the issue again during this meeting, the Committee is asked to consider how best to take this resolution forward in the context of the latest developments.

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Briefing Note

Background and development of the latest proposals

- The Dover Project – During 2006, the former East Kent Coastal PCT and East Kent Hospitals Trust undertook stakeholder and public consultations about possible models of health and social care service delivery in Dover. The NHS OSC considered this consultation on four occasions through 2006 and early 2007, and Members were unanimously supportive of the way that The Dover Project was being carried out. The consultation was not directly concerned with the future of Buckland Hospital.

- East Kent Neuro-rehabilitation Unit – This unit was set up at Buckland in 2001 as a temporary expedient and a "focussed discussion" in early 2007 lead to the decision to relocate this Unit to Kent and Canterbury Hospital during 2008.

- Inpatient Wards for Older People – Buckland Hospital's inpatient wards for older people were due to close by the end of October 2007. The wards were regarded as not fit for providing modern standards of care and had been superseded by community-based forms of intermediate care in the area.

- Service Delivery Options – On 16 May 2007 the PCT Board approved a paper setting out emerging service delivery options that stemmed from The Dover Project. Amongst the key principles determined was a decision to ensure that appropriate local services are developed in Dover and a clear vision for the Buckland Hospital site worked out.

- Buckland Hospital Steering Group – This was then set up and met every two months under the chairmanship of Howard Jones, Facilities Director of East Kent Hospitals Trust. It was decided that services could not be continued indefinitely at the Buckland site due to the age and quality of the buildings, and that any decision on the reconfiguration of services would be taken in the context of "Dover Pride", which is looking to regenerate the area in the wider sense.

- PPIF Referral to HOSC – The former Eastern and Coastal Kent Patient and Public Involvement Forum drafted a document expressing concern with the future of health services in Dover. The PPIF was not satisfied with the responses of the PCT and agreed on 31 January 2008 to refer the issue to the HOSC. The PPIF was abolished, along with all others, at the end of March 2008.

- The Trust's Proposals – The Trust put forward two options which would be developed into full business cases:

    1) to refurbish part of Buckland Hospital, so that the facilities are fit for purpose – this would mean an investment of just over £8 million;

    2) to provide a new building on the Buckland site, at a cost of around £11 million.

  (Further options, including a town centre site and one at Whitfield have subsequently been proposed – see overleaf).

- Other Options – The following resolution was passed by the HOSC during their meeting of 9 May 2008:

  > *The Health Overview & Scrutiny Committee of KCC strongly recommend & support E K Hospitals Trust working closely with the ECK PCT & Dover District Council to locate a central site in Dover for the Community Hospital Services for the population of Dover & the surrounding areas.*
  >
  > *This proposal to be delivered to the EKHT by the end of August 2008. This third option to be considered & evaluated alongside options 1 & 2 concerning the Buckland Hospital Site.*

- Dover Council – In June 2008, Dover District Council's Scrutiny (Community and Regeneration) Committee produced a report entitled "Review of Future Health Service Provision in Dover". One of the key recommendations of the report, subsequently adopted by the Cabinet of Dover District Council, was "That the Cabinet work closely with the Eastern and Coastal Kent Primary Care Trust and the East Kent Hospitals Trust to locate a central and accessible site in Dover for Community Hospital Services for the population of Dover and the surrounding areas."

  The full report is available on request (recommendations attached).

- Local Commissioning – The Dover and Aylesham Practice-Based Commissioning Consortium produced a report to go before the Board of the Eastern and Coastal Kent PCT on 16 July 2008. The commissioning intentions included the relocations of certain outpatient appointments back to Dover, improved transportation/infrastructure, "increased collaboration across local services (e.g. social and healthcare)", and "central Dover facility to act as a 'focal point' bringing together local services." Work on achieving some of the goals set out in the PBC Commissioning Intentions can begin before the opening of a new Dover Hospital.

  The PBC Commissioning Intentions are available on request.

- Latest Developments – There has been a lot of discussion in the local media about the proposals. Some individuals and groups are keen to secure a community hospital as a matter of urgency, whilst others have pushed for a full district general hospital, possibly at a site at Whitfield. A stakeholder/public meeting was held at Dover Town Hall on 14 August 2008 to discuss the latest developments. Feasibility work for the Whitfield site option is now also being undertaken by the PCT in advance of their Board Meeting on 17 September.

Tristan Godfrey
Research Officer to the Health Overview and Scrutiny Committee

Submission from Lorraine Sencicle regarding Health Services in Dover

Dear Paul

Thank you for your e-mail inviting me to make a submission to the KCC-HOSC meeting of 5 September, when Dover's Health Services will again be discussed.

I need not remind you that on May 9 I presented the PPIF-PCT report to the KCC-HOSC in which we argued:

* The case for a new Community Hospital in Dover, in line with the Government White Paper 'Our Health, Our Care, Our Say' at the same time, vehemently arguing against a polyclinic.
* A timetable for the Dover Community Hospital.

This was given the full backing by the KCC-HOSC with the end of August as the date for the decision on the site of the Community Hospital.

Since then:

* On the positive side: Both the PCT and the EKHT have worked with DDC to determine the site and £20m has been made available for the new Community Hospital.
* On the negative side: The public of Dover have been misinformed of the KCC-HOSC decision for a Dover Community Hospital, believing that the decision was for a polyclinic.

The conclusion is that there is now a danger that the KCC-HOSC will now be asked to rescind their May 9 decision to the detriment of the people of Dover.

<u>Positive Side</u>

The Dover GP Consortium in conjunction with the PCT has undertaken a survey asking the people of Dover what health/hospital services they wanted. The results of this, apparently, concur with those hospital services, including inpatient beds, day surgery etc. that I partly read out to the KCC-HOSC on May 9. These were in line with the recommendations of the White Paper.

I am also pleased to say that up to £20m has now been set aside for Dover's Community Hospital. This announcement was made to the public on 14 August.

The DDC Scrutiny Committee, like the PPIF-PCT and the Dover GP Consortium, came to the conclusion that a Community Hospital would best serve Dover's needs. The DDC Scrutiny Committee, on May 20, invited me, on behalf of the former PPIF-PCT, to discuss our stance and also the KCC-HOSC hearing. This meeting was positive and given front-page coverage by the Dover Mercury.

The only negative side was that the DDC Scrutiny Committee failed to acknowledge the PPIF-PCT / KCC-HOSC recommendations in their report.

Finally, the Dover Society Executive have also backed a Community Hospital for the town.

Negative Side

Immediately the KCC-HOSC made their decision, former County Councillor, Mr Hansell, issued a press release opposing the KCC-HOSC decision (confirmed by the BBC). In consequence, the majority of the people in Dover believe that the KCC-HOSC had recommended a polyclinic.

By taking this stance, Mr Hansell secured a great deal of media coverage while the case for a Community Hospital has only been stated once and only in one paper (Dover Mercury - see above).

The Dover Express have constantly referred to the KCC-HOSC decision as a polyclinic and backed a march opposing it. Those who wrote to the paper to try and correct the misconception, including myself, were ignored.

Prior to May 9, a petition had been launched by Mrs Major and signed by some 4,500 people by that date. This was for a 'general hospital'. Mrs Major attended the KCC-HOSC hearing but carried on with her petition, saying that Dover was only going to get a polyclinic. Mrs Hansell, in July, with full publicity provided by the BBC and front-page by the Dover Mercury, presented the petition to 10 Downing Street.

This is of particular concern, for in statements it has been said that to overturn the decision more than 50% of the population covered by the GP Consortium had to sign the petition. Besides deliberately misleading people and multi-signings, Mrs Major has also canvassed places outside that covered by the Consortium. Indeed she was almost arrested in Folkestone and this was reported in the local press.

Although Mr Prosser, Dover's MP, stated in his written submission to the KCC-HOSC, that he broadly supported the PPIF-PCT stance. Not once has Mr Prosser publicly reiterated his support or acknowledged that the KCC-HOSC decision was for a Community Hospital.

Although Mr Elphicke is the Parliamentary Candidate for the Conservative Party, and the majority of the KCC-HOSC members are of the same Party. Yet a questionnaire was sent out to the electorate, on his behalf, in which the KCC-HOSC recommendation for Dover Community Hospital was omitted from the alternatives on offer!

It is reported that Dover Town Council's, predominantly Labour Members, have provided financial backing for Mr Hansell's 'Action Group.' I have asked for confirmation of this, but to date no one has replied. Suffice to say they are aware of the KCC-HOSC and the DDC-Scrutiny Committee decisions. I also requested to speak to them about a Community Hospital but again they have not replied.

On 14 August, the PCT organised a public meeting to discuss the site of the Community Hospital. On arrival I was mistakenly thought to be part of Mr Hansell's 'Dover Hospital Action Group'. I was instructed as to where I was to sit and told that I was to oppose, as

loudly as possible, anything that was suggested by the PCT/DDC. My 'instructor' went on to tell me that if I was to say anything, I was to remember that the media, "who are all friends of Reg," would only be looking for quotes.

At the outset Mr Meikle, on behalf of the PCT, announced that up to £20m had been set aside for the Dover Community Hospital. Unfortunately, the majority of those present were unreceptive as they are convinced that Dover is only going to get a polyclinic.

I tried, three times, to make it clear that it was me, not the PCT/EKHT - contrary to the claims by members of the audience, who had argued for the Dover Community Hospital at the KCC-HOSC. I also made it clear, three times, that I had argued equally as vehemently against a polyclinic. I added, on each occasion, that the KCC-HOSC had given their full backing for a Community Hospital, as had the GP Consortium and DDC. They just did not want to know.

Conclusion

The KCC-HOSC, on May 9 agreed with the case put forward by the former PPIF-PCT for a Dover Community Hospital and set a timetable. The PCT, EKHT and DDC have complied with this and £20m has been set aside. However, due to misconceptions, by the media, of the KCC-HOSC May 9 decision for a Dover Community Hospital, the people of Dover have been mislead to believe that the decision was for a polyclinic. Although this is not true, only once and in just one local paper, have I been allowed to put forward the case for a Community Hospital. There have been masses of media coverage, a march has been held, a questionnaire has been issued and a petition has been collated, but the participants were misinformed into believing that they were protesting against a polyclinic. I am now concerned that these will be used to rescind the May 9 decision. In consequence Dover will lose a Community Hospital with a full set of hospitals services to meet the town's desperate needs that the KCC-HOSC supported.

Yours sincerely

Lorraine Sencicle

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NHS Eastern and Coastal Kent

Briefing Paper for KCC Health Overview and Scrutiny Committee
5th September 2008

1. Context/Background

At its meeting of 9th May 08, the HOSC received an update on healthcare services in Dover (item 19, p27 of the minutes) from Eastern and Coastal PCT (the PCT) and East Kent Hospital Trust (EKHT). The former PPI Forum for Eastern and Coastal Kent had referred "the matter of healthcare services in Dover" to the HOSC. Dover District Council reported that it had also been conducting scrutiny of healthcare services.

The Dover Project, initiated by a former PCT, had taken place in 2006 and focussed on a range of *services,* rather than *sites*, and identified the preferred model of care for those services. In the meantime, the Government had introduced a policy of "Practice-based" commissioning, whereby clusters of GPs identify local needs and plan/purchase the services required to meet them.

In addition, EKHT had been working up proposals to improve the hospital environment at Buckland Hospital and these included either refurbishing the site at an approximate cost of £8m, or constructing a new building at approx £11m.

The next step was to match up the commissioning requirements of the GP practice-based commissioners (PBC) with estate requirements for the area (hospital, local authority, community, independent sector facilities, practice premises etc).

In response to concerns about the Buckland site, voiced by members of the public attending, as well as HOSC Members, a motion was passed that led to the PCT and EKHT, with PBC, being asked to locate a central site in Dover for the community hospital services for the population of Dover and the surrounding areas. This proposal was to be delivered by end of August 2008. This **third** option was requested to be considered and evaluated alongside options 1 and 2 concerning the Buckland hospital site.

2. Summary of progress since May 2008 and current situation

This is outlined in chronological order in Attachment A. Attachment A is entitled "*Dover hospital developments May 08 onwards*". It includes a brief summary of the dates and results of stakeholder involvement (three meetings), including changes made to criteria for selection of a site, additional, potential sites identified and the PCT's response to ongoing requests to consider Whitfield as a potential location (although the HOSC motion in May had only required 3 options be considered). Including this last option will inevitably cause some delay in identifying a final, preferred site as the decision has to be made on professional advice and to the same level of detail as produced for Buckland and the mid-town Dover options.

It is important to note that the initial 3 options (2 for Buckland and 1 in Dover Town Centre) involve land in public ownership, and considerable work has been done to identify how the space available can be utilised and meet the key criteria agreed

with stakeholders/public. The top three were; parking; transport; future-proofing to ensure sufficient space for expansion. Exploratory work on a commercial site in Whitfield (no site has been *offered or confirmed as available*, but one site has been *suggested as a possibility* at the meeting in Dover Town Hall 14th August) is currently being commissioned as a matter of urgency.

3. PBC intentions/opportunities to bring back services to Dover before the new hospital is developed

3.1 The PBC cluster has produced commissioning intentions outlining health services for Dover; more work is currently being undertaken to quantify and cost these. 78 people joined a meeting in June at The Ark in Dover, to comment on the proposals. (Commissioning intentions available if required).

3.2 However, it will not be necessary to wait for the opening of the new Dover Hospital to begin work in achieving some of the goals outlined in PBC Commissioning Intentions.

The following 'Quick changes' are in the process of being assessed and/or implemented:

- Deliver further service improvements/investment to existing Intermediate Care services in Dover (these are services provided by nurses, therapists, social care, in people's own homes, or in residential homes in Dover);
- Identify opportunities to extend opening hours of Buckland Minor Injuries Unit (MIU) – the extent of these opening hours is currently under consideration.
- Identify opportunities to deliver improved "end-of-life care" locally through a 'Hospice at Home' initiative
- Work with East Kent Hospitals Trust (EKHT) to to re-instate more outpatient services at Buckland ; these are likely to include trauma and orthopaedics; diagnostics; ear, nose and throat; gynaecology; ophthalmology;
- Continue to implement Children's Centres in the Dover area to provide enhanced services for pre-school children. (Four centres are already open. Further centres are planned – e.g. for Elvington and Eythorne).

4. Process for arriving at a hospital site recommendation and criteria for selection

As described in section 2 above, the following actions have been undertaken so far, to help identify a preferred site for the Dover Hospital:-

a) **Before** the development of the Commissioning Intentions:

- East Kent Hospitals Trust (EKHT) commissioned property consultants to advise on site options. A shortlist of two options arose from this assessment: (i) refurbish the existing Buckland site and (ii) build on the Buckland car park.

b) **Since** the development of the Commissioning Intentions:

- EKHT have commissioned architects and surveyors to assess the Dover Mid-town option as proposed during the HOSC meeting on 9th May 08. Preliminary plans and costs have been developed, but a complete assessment against commissioning requirements has not yet been finalised.
- The PCT, through engagement with local stakeholders (invitees to events included GPs, the public , Parish Councils, Dover District Council, Dover Town council, local voluntary organisations etc) has developed (i) a draft set of criteria against which to conduct a preliminary assessment of site options and (ii) a draft long list of potential sites to evaluate.
- Based on the above consultation, the PCT conducted a high level assessment of the long-listed options against the draft criteria. This 'first cut' assessment identified Dover Mid-town as the preferred option.

c) The PCT, together with EKHT, KCC and DDC, is now in the process of building on the preliminary analysis above, in order to ensure a robust final decision on the preferred site of the Dover Hospital. Key stakeholder groups (GPs, public, and other stakeholders.) will be engaged throughout the process, the key steps of which are outlined below:

- Complete a specific and measurable set of Commissioning Requirements, drawing on prior work for input
- Ensure clarity of the long-list of site options (which will include "fleshing out" the Whitfield option)
- In response to questions raised at the stakeholder meeting on 14th August as to why some proposals from the public were rejected, we are conducting a "high level assessment" of the long-list of site options (developed at the second stakeholder meeting held on 22nd July) against a basic set of filter criteria, in order to eliminate particularly- weak options and arrive at a shortened/rationalised long-list
- Assess the shortened long-list of sites against the Commissioning Requirements
- Based on this assessment, further eliminate sites which provide a poor fit with the Commissioning Requirements in order to arrive at a *shortlist* of sites
- Conduct a more-detailed assessment of the short-listed sites in order to gather sufficient information to make a final decision on the preferred site – i.e. the option which provides the best fit with the Commissioning Requirements (currently this is the mid-town option).
- In response to the GP and public request for beds in Dover, undertake exploratory work on alternatives to traditional hospital beds (e.g. block booking beds in a single location in the nursing home sector, supported by GPs and/or visiting medical consultant/joint venture with Kent Adult Social Services).

We are in the process of finalising our plan to conclude these actions upon consultation with EKHT, DDC, KCC and relevant subject matter experts (e.g. architects, surveyors, etc).

How rapidly we are able to arrive at a final preferred option will very much depend on what we discover during the assessment outlined above. By the time of the PCT Board on 17th September, we hope, at a minimum, to have eliminated a number of weaker options and to have arrived at a clear shortlist. If the information we gather points very clearly and conclusively to just one option, then we will recommend that as our preferred site.

However, we are acutely aware of the long term importance to the people of Dover of making the right decision on the hospital site. Therefore, we would strongly recommend against making a final decision on a specific preferred site, before there is clear and compelling evidence to support it.

5. Other relevant information, **including ongoing stakeholder/public engagement**

A "health equity audit" has been undertaken to identify, amongst other issues, the areas of Dover most affected by the location of the hospital. Headline information from this audit, indicates that those from the Dover town area including electoral wards of Buckland, St Radigands, Town and Pier, Castle and Tower Hamlets, are most-likely to be admitted to hospital for "unplanned"/emergency care (This is likely to include admissions for long-term conditions which we would hope to reduce and manage in the community by better co-working between hospital and community services as described in the PBC plans); most-likely to use outpatient services/children's services and are less-likely to have a car). The health equity audit is available.

A "health impact assessment" will also be undertaken in due course on the short-listed options to ascertain the wider health benefits (or otherwise) of choosing a particular location (such as the "spin-off" benefits on re-generating the town of Dover if a mid-town option were chosen).

Throughout the work over the past four months, recurring questions have arisen in public and other meetings. Some of these have been addressed as described above e.g.:-

* revisiting the long-list of options for sites; including Whitfield in the more-detailed analysis and
* identifying what services we could improve in Dover in the short-term

We will be keeping in touch with many of the attendees at meetings through newsletters and further events, and will be circulating a set of frequently-asked questions "FAQs" (and answers) to assist understanding/information. The FAQs are attached to this briefing.

6. Next Steps

Subject to discussion at HOSC on 5th September, the operational next steps are as described in section 4c above. The situation as at 17th September will be reported to the PCT Board (to be held in Dover) and the outcome of that meeting will be considered in a report on the Outline Business Case for a hospital for Dover, to be discussed at the EKHT Board on 28th September. In addition, an update will be reported to the Dover DC OSC on 16th September and further Dover Council

meetings will consider any resulting impact on their land/plans.

7. Attachments

- Diary of Events/public engagement
- Frequently asked questions (and answers)
- Dover OSC recommendations
- Health Equity Audit

Other supporting information available:

- Criteria for selecting sites and long list of site options
- PBC Commissioning intentions

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NHS Eastern and Coastal Kent

DOVER COMMUNITY HOSPITAL DEVELOPMENTS MAY-08 onwards

		Supporting Info:
9 May 08	HOSC meeting; meeting supported: development of community hospital facility either on Buckland site; refurbish existing or on Town Centre site. Required PCT to deliver proposal to EKHT Board by end August 08.	HOSC minutes and "motion"
27th May 08	Joint meeting with EKHT, KCC, DDC, PCT (chair) etc. Site offered in Dover Town Centre by DDC as the third option	
June 11th 08; "The ARK" Dover.	Stakeholder meeting attended by 78 people, led by PBC on commissioning plans for Dover. Statement from D Meikle that we would deliver, by August, a proposal for a community hospital in Dover (*services and estates*)	Notes of meeting/attendance lists/OHPs etc. Attendees Breakdown of attendees – public 47; councillors 9; PBC 6; pct 7; Dover District council (other) 4; other NHS 3; KCC I; Press I.
16th June 08 11th August 08	Visit to Deal Hospital for DDC OSC members to view what beds are currently available to Dover residents requiring inpatient intermediate care (step up/down); Further visit to Cornfields residential home by OSC members, to view similar intermediate care beds in residential care setting; discussion regarding potential for beds in nursing care setting, for patients with higher nursing/medical needs.	
17th June 08	Presentation to DDC OSC public meeting – by EKHT &PCT updating on plans/timelines etc. for replacement of Buckland Hospital and Q and A session. (copy OHPs and Q and available)	Presentation by PCT/EKHT including major incident planning. Subsequent report by DDC OSC in support of PCT/EKHT plans.

w/c 7th July 08	Discussion between EKHT, Dover District Council and the PCT/PBC regarding each organisation's criteria for site	"Long list" of site criteria
16th July 08	Cllr Reg Hansell, campaign leader for DGH at Whitfield took coach to Downing St to deliver petition (over 24,000 signatures); Ben Bradshaw, SoS for Health has responded, outlining the process for IRP and the role of the PCTs in local decision-making.	Letter from Ben Bradshaw dated 6.8.08
22nd July 08 Dover Town Hall.	PCT/PBC) led estates meeting with local stakeholders who attended previous discussion on PBC commissioning plans, and who wished to be further involved in planning. Invitations included HOSC and Dover DDC OSC members The purpose of the meeting was to listen to what criteria the public/stakeholders would wish to be included in decision-making regarding location, alongside those of EKHT, PCT/PBC and DDC. They also had the opportunity to add any locations, not already identified for consideration against those criteria. In addition to prioritising those criteria already identified, an additional criterion was inserted i.e. to consider capacity for beds/future-proofing. **Top 4 criteria identified were**: • Must be well served by public transport; • Must provide adequate car parking; • Must allow for "future-proofing" • Must improve facilities for patients; **Additional potential sites identified** – • Connaught Barracks; • Farthingloe Farm • MOD land • SK College • Buckland paper mill	List of criteria/prioritised Long list of locations for consideration. Attendance list breakdown as follows: Public 22; Councillors 8; KCC 2 ; Press l + PCT staff

	• Whitfield/Lydden area • Dover post office • Channel tunnel "village"	
End July/Aug 08	The PBC group identified which services within its commissioning plans could be brought back to a Dover location quickly (e.g. in a primary care setting or at Buckland Hospital) and what further services could be incorporated into a new community hospital facility. Detailed work undertaken on PBC commissioning plans and 7 Aug joint meeting PBC/PCT/EKHT to match these with site options; site options scored in accordance with criteria developed	?evidence available Scored site options – Mid-town scoring highest on basis of criteria agreed.
14 Aug 08 Dover Town Hall Aug/Sept 08	3rd stakeholder/public meeting held. – 70 attendees. Work to date explained including recap of how criteria and locations arrived at; outcome of work to date had identified Mid-Town site to best match the criteria & next steps, including ongoing discussion between EKHT and PBC. EKHT to consider mid-town option alongside original two options of Buckland new build and Buckland refurbishment for OBC; Strong feelings from those attending that Whitfield site should be considered further. **Following the meeting**, feasibility work for Whitfield site option (up to the level of detail undertaken for other 3 options) actioned by PCT – work to be available in time for PCT Board on 17.9. In addition, more work will be undertaken with local people (e.g. attendees at Sure Start; leisure centre; other community groups/venues to ascertain their preference for a site in Buckland, mid-town or out of town location). These views to be added to previous engagement work.	Attendance list – general public 38; councillors 8; PBC 4; PCT 6; DDC staff 4: other NHS 3; KCC 4: press 2; MPs l; OHPs presented Notes (to follow) FAQs (to follow)
August/Sept 08	Survey work commissioned jointly by PCT/EKHT (from Opinion Leader) to understand choices of location made by Dover people using outpatient services. (i.e. to identify why, when services are currently available in Dover, they choose/or don't choose to attend there) +	Project brief/questionnaire design etc. produced by Opinion Leader Report on Choose and Book - availability of

	report on work on effectiveness of choose and book in respect of Dover location.	Buckland Outpatient services from Jon Marshall/Dr Darren Cocker
September 08	Reports to KCC HOSC (5th)/EKHT Board (28 Sept)/ PCT Board (17th Sept) recommending preferred options and incorporating views of stakeholders.	Board reports (to follow)
Ongoing	Continuing patient, public and stakeholder engagement in next steps including implementation of plans; regular "newsletter-style" updates to those on database	

Lynne Selman
17/08/2008

NHS Eastern and Coastal Kent

Healthcare services for Dover and Dover Community Hospital
Frequently asked questions (and answers)

Q. It seems the mid-town option has already been chosen. The amount of time and effort taken to examine the site and get architect's drawings has not been undertaken for other sites on the list. Why was Whitfield (and other sites) ruled out?

A. *In May O8, KCC's Health overview and Scrutiny Committee (HOSC) were presented with a proposal that in order to provide a good quality environment for services in Dover, the hospitals Trust would either:-*

- *refurbish Buckland Hospital; or*
- *develop a new facility on that site.*

In response to concerns from the public, the HOSC passed a resolution that the hospital Trust and PCT should work together with Dover District Council to find a central Dover site (i.e. work up that option to the same level of detail as the Buckland proposals). In doing so, the PCT and GP colleagues had to develop a detailed plan of the services they wish to see provided in Dover, including those to be provided from a hospital site. This is why some initial work has been done on the mid-town proposal. However, since the meeting on 14th August, the PCT will give an explanation of why other options were not given high priority, and will consider further the Whitfield option.

Q. Why did you ask us for views on the selection criteria and ideas for locations at the meeting on 22nd July if you had only been asked to look at 3 sites?

A. *In meetings with local people, the opportunity was taken to check out whether there were any further locations that could be considered. Some were put on the list and later others were added by the District Council, GPs etc.*

At the meeting in Dover Town Hall on 22nd July, local people were asked to look at the list of selection requirements for sites and prioritise them – some were removed and others added, but the top three were:-

- *ease of access (by foot or public transport)*
- *parking*
- *potential for expansion of the facility at a future date if required.*

Applying the requirements– particularly the three above – the mid-town option came out top.

Q. Why are you now looking at Whitfield as a possibility?

A. *In response to the concerns of people that other sites were ruled out, the PCT is undertaking further more-detailed work on the Whitfield site (although no precise site*

has been offered)and will give a brief explanation of the suitability (or otherwise) of all others listed.

A key advantage of the Mid-Town and Buckland sites is that they are all in public ownership - either by the Hospital Trust or the District Council and could be brought forward with much greater certainty subject to the necessary consents and approvals being secured. This means that there is greater control over costs and speeds up the development/site acquisition process compared to somewhere like Whitfield.

***NB** it should be remembered that as the requirement from HOSC was only to consider the mid-town and Buckland options, giving consideration to Whitfield to the same level of detail could delay a final recommendation to HOSC, the PCT and EKHT.*

Q. Why is Whitfield not the preferred option for a new Hospital for Dover?

A. *The PCT is fully aware of the strong feelings about a proposed site at Whitfield and, as mentioned above, has now commissioned urgent work to look at the option but it has to fully consider all the factors involved, in particular the issues local people said were important - access and transport, cost and speed of implementation, which may mean that Whitfield scores less- well, compared to a mid- town or Buckland location.*

Q. The people at the meeting were mainly from a particular demographic group – where were the single parents, the ethnic minorities, the young professional? Where is the publicity to the voluntary and community sector?

A. *The meeting was a meeting <u>in public</u>, rather than a <u>public</u> meeting; it was important that the majority of attendees had some understanding of the previous meetings that had taken place (albeit we did a brief recap of those at the meeting on 14th August). The list of invitations had been based on those people who attended previous meetings and who wished to remain involved. The earlier meetings (11th June and 22nd July) were advertised widely in the press, sent out to our PCT "virtual panel" and other groups and this included the vast majority of community and voluntary groups in the area.*

However, as pointed out in the question, there are many people who do not wish to attend meetings and over the next few weeks we will be contacting them in local venues such as community groups, the leisure centre etc. to ascertain their views also. We have also arranged some surveys through a national opinion survey company about outpatient services in the area, and will be asking them about what would make them choose to have their appointment in a Dover location.

Q. Many attendees raised the issue of beds (especially intermediate care beds) and room for expansion for future needs.

A. *Intermediate Care (rehabilitation and recuperation) to avoid a hospital admission or as a step down from acute hospital care, is already available to people of Dover. This is mostly provided in people's own homes very successfully by a new team of nurses, therapists, carers, support staff or in residential care Currently, there are no hospital beds in Dover and our provider services inform us that there is no delay in being able to provide intermediate care at home or in the residential homes we*

contract with. In some cases new technology in the home may also be used (known as telehealth and telecare) linking the patients and carers to a local GP surgery or health centre and reassuring them/monitoring their condition.

*The local GPs and the PCT are looking of alternative ways of providing beds for people who may need **nursing** care and some **medical** input (such as people with unstable diabetes) but who do not need to be in hospital. Some beds are also available in Deal Hospital for Dover patients.*

A model whereby health and social care is integrated fully (such as care provided in Westview in Tenterden) is what we would aspire to across Eastern and Coastal Kent and therefore this and other models will be looked at with the PBC consortium.

However, a key consideration for any site is one of future expansion, so whatever the initial size/range of services in the hospital, we will be looking for a site that is capable of expansion e.g. the building could be designed to take additional floors in the future, or in the case of Mid-Town as well as additional floors, the Dover Health Centre site could be re- developed;

Q. How do you qualify to be a member of the Health Overview and Scrutiny Committee who are looking at this decision on behalf of local people?

***A.** KCC Health Overview and Scrutiny Committee (HOSC) is the organisation/committee with the legal responsibility to scrutinise health services and decisions about health care; they have the right to refer decisions to the Secretary of State for independent review. Members of HOSC are County Councillors; each political party is allotted a number of seats on the committee and filling them is undertaken by party "whips".*

At a local district council level similar arrangements exist and Dover DC has an Overview and Scrutiny Committee who have been very involved in this process inviting evidence from health and other staff over the period of a year. They have produced a report as a result of this scrutiny which broadly supports the current proposals.

Q. What has happened to urban "regeneration" of Dover? Why is Dover a "ghost town"? A health service facility in Dover would bring life back to the town centre shops.

A. *One criterion proposed for the siting of the new hospital was that it should bring people into the town centre and generate income for the town. It is not just patients visiting the hospital that do this, but also the many staff employed on the site. At the meeting on 14th August, concerns were expressed about Dover District Offices being sited out of town and the fact that staff (of DDC and other businesses at Whitfield) then spent their money in large out-of-town supermarkets etc. Whilst this decision was made many years ago, if the decision were made to site a busy hospital with many outpatients attending in the town centre, it would no doubt increase spending there and help regenerate the area. It was not one of the most-significant criteria, but one we would wish to take into consideration.*

Q. If built in the town centre – would it cause congestion? How would pedestrians access the site from Maison Dieu road? What about disruption whilst the building was being undertaken?

A. *EKHT has considerable experience of managing building programmes in busy locations; the public would be involved in the design of the site; KCC's Highway Services would also be consulted as part of the planning process and would ensure that suitable access arrangements are provided.*

Q. The town needs a hospital, not a polyclinic. It needs beds, operating theatres, consultants, and diagnostics.

A. *See above for response regarding beds, which will be looked at separately; it is proposed that the new hospital should have surgical procedure suites facilities for X-ray, CT and MRIs etc. and a wide range of outpatient clinics.*

"Polyclinics" are a model of delivering health services designed for London and other cities where attracting GPs can sometimes be difficult; however some of the services envisaged for "polyclinics" in those cities will be available in Dover Hospital and other facilities across the area, such as minor surgical procedures, minor injuries/illness services and diagnostics.

Q. It is madness to consider building on a flood plain (the mid-town option); insurance premiums, if available, will be "sky high";

A. *East Kent Hospitals Trust is in contact with the Environment Agency to evaluate the exact level of risk on this site ,and to identify any modifications/measures to be incorporated if plans are drawn up to satisfy these requirements. If the mid-town option is the final, preferred site, this technical advice will also be considered.*

Q. Much of the discussion has revolved around facilities for parking – what about people who do not have cars and need to travel on foot or by public transport?

A. *It is acknowledged that many of the people who do not have cars are indeed the heaviest users of the hospital services. The PCT's public health department has undertaken a study which backs up this view, and therefore siting the hospital in a central location convenient for non-car owners with easy access to a range of public transport connections makes sense.*

Q. The main reason we need a hospital in Dover is because of all the travelling we do at present, a local hospital will significantly cut patients travelling costs and the time we spend travelling.

A. *The PCT has always been aware of the importance of the issue of access to a new Community Hospital in Dover and how patients transport themselves to it. One of the main issues patients have raised about access to healthcare is transport. The PCT and GP commissioners has to ensure it purchases more services locally to deliver healthcare where patients say they want it. However we have to balance that with making allowances for those patients that travel into the new facility in Dover from outlying areas. Patients needs and how they travel to get their healthcare are different ie some patients want a town centre location because that's where they live*

but others would prefer an out of town location because they are commuting in to the Hospital and would prefer not to negotiate town centre traffic.

Q. What about parking for people who can't travel by public transport?

A. *It is also acknowledged that parking, especially for people bringing disabled and frail, older people to appointments must be a priority. A study has also been undertaken assessing the proposed locations to see which are most-accessible on foot and by public transport; the mid-town was significantly ahead of others in this respect (over 50% could access within 30 mins) with 34% able to access Buckland and 30% Whitfield.*

As the local transport authority, Kent County Council will work with partners to ensure provision of public transport and also to encourage those who have the choice, to use public transport rather than car, whenever possible.

As part of Kent County Council's sustainable transport policy, preparation of a travel plan would be required so as to encourage patients, staff and visitors to make sustainable transport choices whenever reasonable.

Q. **What if there is a major incident in the vicinity of Dover, such as a disaster in the docks? How would the type of hospital described cope with the casualties etc?**

A. *The public authorities locally (police, ambulance, hospitals, PCT, district and county councils etc.) have a very detailed, rehearsed and well-tested plan for such eventualities. Treating major injuries would require specialised services and casualties would be air-lifted or otherwise transported to specialist centres (e.g. burns unit, London hospitals, or to major hospitals such as QEQM, William Harvey). Detailed plans exist for treating minor injuries, or those requiring medication or social care, and rest centres are earmarked for these eventualities and emergency staff cover.*

The Dover OSC received a presentation on these plans in June 08 and were re-assured that they were robust and well-tested across all the key agencies.

In the event of other types of emergency, e.g. individuals travelling through the area requiring urgent car, this would be dealt with by the ambulance service, Minor injuries service or other emergency services, as required.

Q. There were many comments and questions *for and against* the various sites including Dover Mid-Town, Buckland site, Whitfield.

A. *As a result of the level of concern raised, in particular, that the Whitfield site had not received the same level of attention as others, the PCT is instructing professionals to undertake an urgent review of this against the criteria reviewed at the meeting on 22nd July. This will of course include timescales for completion. However, this could mean a delay before a final decision on site is made, beyond the original timescale of end of August. Alongside this, a further review of all the sites ("long list") proposed at the meeting on 22nd July will be undertaken.*

Finally, the outcome of this further work will be shared with those who signed up to ongoing involvement in developing the plans, at the meeting on 14th and a newsletter-style update will be sent to all attending, repeating the invitation to remain involved . Everyone receiving the newsletter is encouraged to share the information with others and in turn, invite them to join the discussion.

Q. Can the PCT listen to what we are saying and just give us a hospital that we can develop for the future (in Whitfield). Buckland is not suitable …

A. *The PCT agrees that time is now of the essence and we need to move forward fast (as per the HOSC requirement. We hope the responses to earlier Qs have reassured the public and stakeholders that we take their concerns seriously and have done all possible within the timeframe to flesh out serious options (with the addition of Whitfield) for a site.*

Lynne Selman
Director, Citizen Engagement and Communication
NHS Eastern and Coastal Kent
For email questions please contact the PCT on communications@eastcoastkent.nhs.uk or visit our website www.eastcoastkentpct.nhs.uk

To become a member of our 'Virtual Panel' and be involved in commenting on PCT policy and developments please contact: Su Brown on 01227 795061.

For details on how to join our Health Matters group and take part in meetings that comment and contribute to PCT policy and the public and patient engagement process please contact our Public and Patient Engagement Team on 01304 2168548.

Summary of the Recommendations from the *Review of Health Service Provision in Dover* Report by the Dover District Council's Scrutiny (Community and Regeneration) Committee

Recommendations

7.1 In undertaking this review, it should be acknowledged the committee has sympathy for the strong local feeling in favour of restoring the hospital provision in Dover to acute status. However, it was felt that the most effective approach available to the committee was to use the opportunity to work with the Eastern and Coastal Kent Primary Care Trust, the East Kent Hospitals Trust and other providers in an attempt to influence the development of proposals for a new community hospital so that the best outcome could be achieved for the local community.

7.2 The Scrutiny (Community and Regeneration) Committee at its meeting held on 20 May 2008 (Minute No. 34) made a recommendation to the Cabinet that was adopted as CAB24 as follows:-

> That the Cabinet work closely with the Eastern and Coastal Kent Primary Care Trust and the East Kent Hospitals Trust to locate a central and accessible site in Dover for Community Hospital Services for the population of Dover and the surrounding areas.

7.3 Following the Review of Future Health Service Provision in the Dover District by the Scrutiny (Community and Regeneration) Committee, the recommendations that are made are as follows:-

That it be recommended to (Cabinet and) Council:-

(a) That the Cabinet be urged to lobby Kent Police and the Highways Agency in the strongest terms to find a solution to the unacceptable problem of lorries on the A20 occupying both lanes, particularly during the times of heavy traffic volumes or congestion, and as a consequence restricting or blocking the access of emergency services to Dover.

(b) That the committee welcomes the assurances given by the Eastern and Coastal Kent Primary Care Trust in support of its firm conviction that the existing locally provided health services must be maintained and requests that the committee be updated on any developments in health service provision.

(c) That an invitation be extended to the Eastern and Coastal Kent Primary Care Trust and the East Kent Hospitals Trust to attend the meeting of the Scrutiny (Community and Regeneration) Committee to be held on 16 September 2008 to inform the committee of the final decision on the replacement of Buckland Hospital and the services to be provided at the new community hospital.

(d) That the Council express its disappointment to Kent County Council over the gap in provision between the end of the Patient and Public Involvement Forum's and the start of the new Local Involvement Networks (LINks).

(e) That the Eastern and Coastal Kent Primary Care Trust, the East Kent Hospitals Trust, South East Health Ltd and local General Practitioners be urged to work together to reduce administrative burdens on staff and to develop compatible computer systems for a single patient record system.

(f) That the Eastern and Coastal Kent Primary Care Trust, the East Kent Hospitals Trust and the two Practice Based Commissioning groups be urged to provide as many new high quality local health services as possible in both the new community hospital and in the community.

(g) That the committee recognises the concerns expressed by the local community in relation to access and waiting times for health services and it requests that the East Kent Hospital Trust and Eastern and Coastal Kent Primary Care Trust continue to work with it in monitoring these matters.

(h) That while the committee welcomes the promising efforts being made to improve Patient Transport Services by the East Kent Hospital Trust, it urges that measures be considered to address the burden being placed on families having to travel regularly from the Dover District to visit patients at either of the two acute hospitals.

(i) That concern be expressed over the cost of hospital car parking and that the East Kent Hospitals Trust be urged to introduce free or reduced charges for parking at the new community hospital in Dover and the network of East Kent hospitals generally.

(j) That in considering the network of intermediate care beds in the Dover District the Eastern and Coastal Kent Primary Care Trust be urged to make a small provision of intermediate care beds for children.

NHS Eastern and Coastal Kent

Health Equity Impact Assessment

Dover Hospital Health Services

Initial Screening Document

Dr Sandro Limentani
Public Health Consultant

August 2008

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Background

The main hospital services in East Kent are provided in Ashford, Canterbury and Margate. Current proposals to improve hospital services for Dover residents include providing a range of local services in Dover town. The main sites under consideration include:

- Buckland Hospital site,
- a mid-town site; and
- a Whitfield location.

This document contains background information about the population of Dover in order to enable an initial screening to take place for Equity Impact Assessment. The first stage of an Equity Impact Assessment is to relate the population characteristics and distribution of health needs to the service options in order to identify the key issues for ensuring equity of provision.

Initial Screening

The document below contains general statistical information about the health and social factors of the population of Dover as well as the wider determinants of health. Implications for the provision of health services can be drawn and used in assessing the current proposals for Dover against the screening questions below.

1. Could the impact be discriminatory under existing equality legislation?

No. Proposals are for broad service developments for whole population, improving quality and accessibility of services compared with current provision. The proposals are not discriminatory for any particular group.

2. Could any communities or groups be negatively impacted?

No. The different options all offer better access to health services than existing arrangements. However, within the options the mid-town option offers better access to disadvantaged groups living in the poorer areas of Dover town and to those travelling to Dover on public transport. The Buckland and the Whitfield options offer less good access to the majority of local people living in wards where more than 40% of households have no car and those travelling on public transport from outside Dover.

3. Is the policy or service of high significance?

Yes. Relatively high levels of deprivation in the Dover town wards and some rural areas require a comprehensive approach to the provision of health services. Working in partnership to tackle the underlying causes of poor health is a priority, together with the development of health promotion, primary care and access to hospital care.

Equity issues	Mid-town option	Buckland Hospital site	Whitfield location
1. Access from deprived wards	Good access from Town & Pier,	Good access from St Radigunds ward	Good access from Buckland ward but

	Castle, Tower Hamlets, Maxton Elms Vale & Priory, and St Radigunds wards	but poorer access from elsewhere	poorer access from elsewhere
2. Access by public transport from outside Dover	Good access by bus and train	Poorer access (second bus or taxi required from town centre)	Poorer access (second bus or taxi required from town centre)
3. Integration with primary care services	Potential for integration with Health Centre	Not integrated	Not integrated
4. Non-English speaking groups	Interpretation available	Interpretation available	Interpretation available

Conclusion of Initial Screen

The characteristics and distribution of the population served by health services in Dover should be taken into account when planning new services or change to existing services to ensure that access by public transport and for people without cars is improved.

There are significant areas of relative poverty within Dover town with populations experiencing a range of social, economic and environmental deprivation resulting in poorer health and higher mortality rates compared with the rest of Dover district.

Although all options will give better access to health services for the residents of Dover and surrounding areas, the mid-town option gives significantly better access for those living in deprived wards (where a higher proportion of residents do not own cars) and those travelling on public transport. There is also the possibility for integration of services with the existing Health Centre, which would benefit local residents.

INTRODUCTION

1. Why do health equity audit?

Health Equity audit is part of a comprehensive approach to tackling inequality in health outcomes through an improved focus of programmes and resources. The PCT and local partnerships have already developed equity profiles, identifying local priorities to tackle health inequalities. Health equity impact assessments provide a framework for assessing new proposals in a systematic way to ensure developments have a positive impact on equity issues.

2. Definition of health equity audit

Health equity impact assessment is a process by which local partners:

- Systematically review inequities in the causes of ill health, and in access to effective services and their outcomes, for a defined population,
- Ensure that action required is agreed and incorporated into local plans, services and practice,
- Evaluate the impact of the actions on reducing inequity.

3. Defining health inequalities and health equity

Health inequality describes ***differences in health experience and health outcomes*** between different population groups – according to socioeconomic status, geographical area, age, disability, gender or ethnic group.

In contrast, health inequity describes ***differences in opportunity*** for different population groups which result in unequal life chances, access to health services, nutritious food, adequate housing and so on. These can lead to health inequalities.

Health equity audits focus on ***how fairly resources are distributed in relation to the health needs of different groups***.

The overall aim is not to distribute resources equally, but rather in relation to need. Changes in investment and services as a result of health equity audits will aim to reduce avoidable health inequalities and promote equal opportunity to the determinants of good health, access to health and other services.

4. Health Service Provision for Dover

Understanding the characteristics and distribution of the population of Dover is an important part of assessing adequacy of provision of health services.

Figure 1 – Map of electoral wards on Dover District Council area showing positions of wards and Dover town vicinity

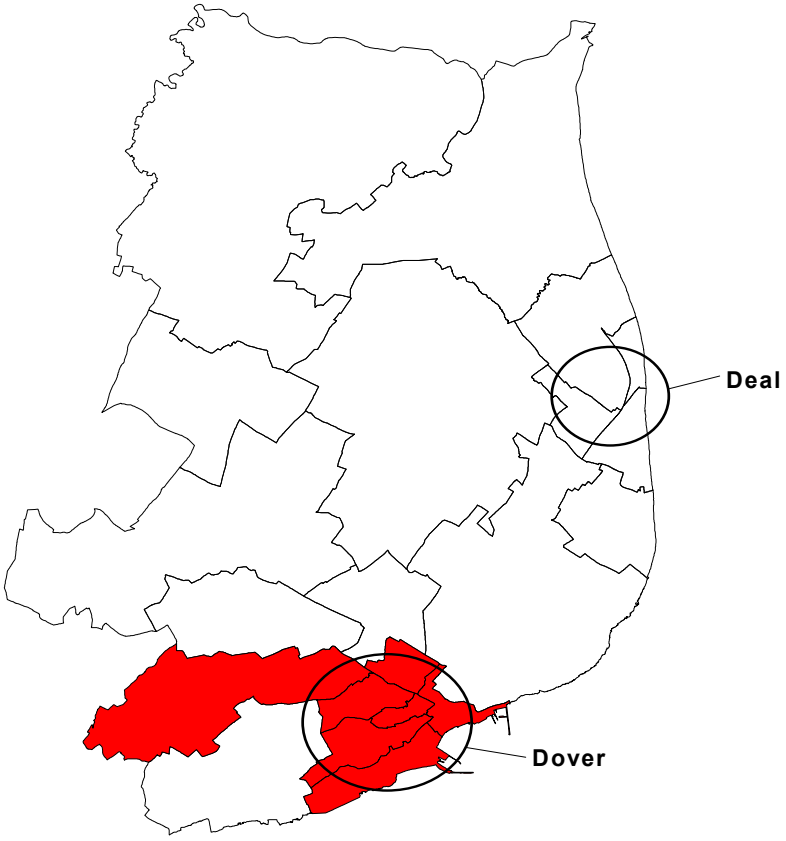
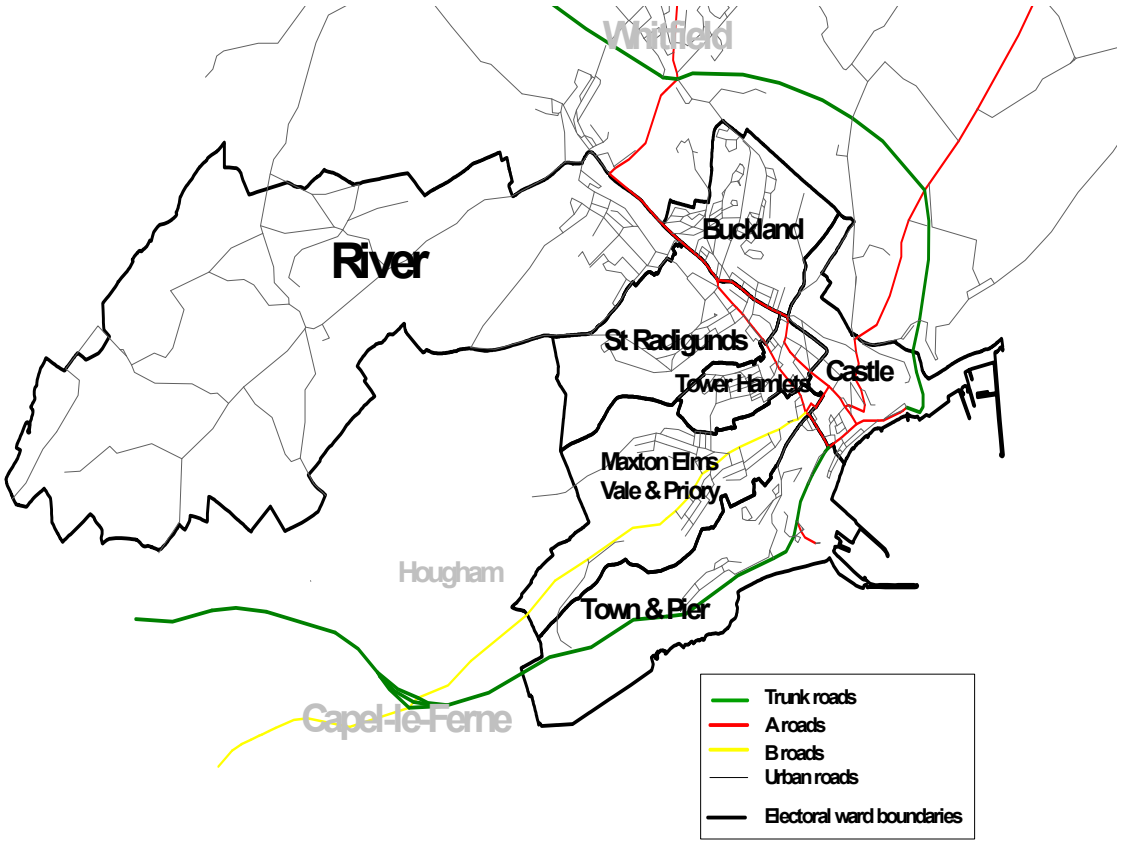


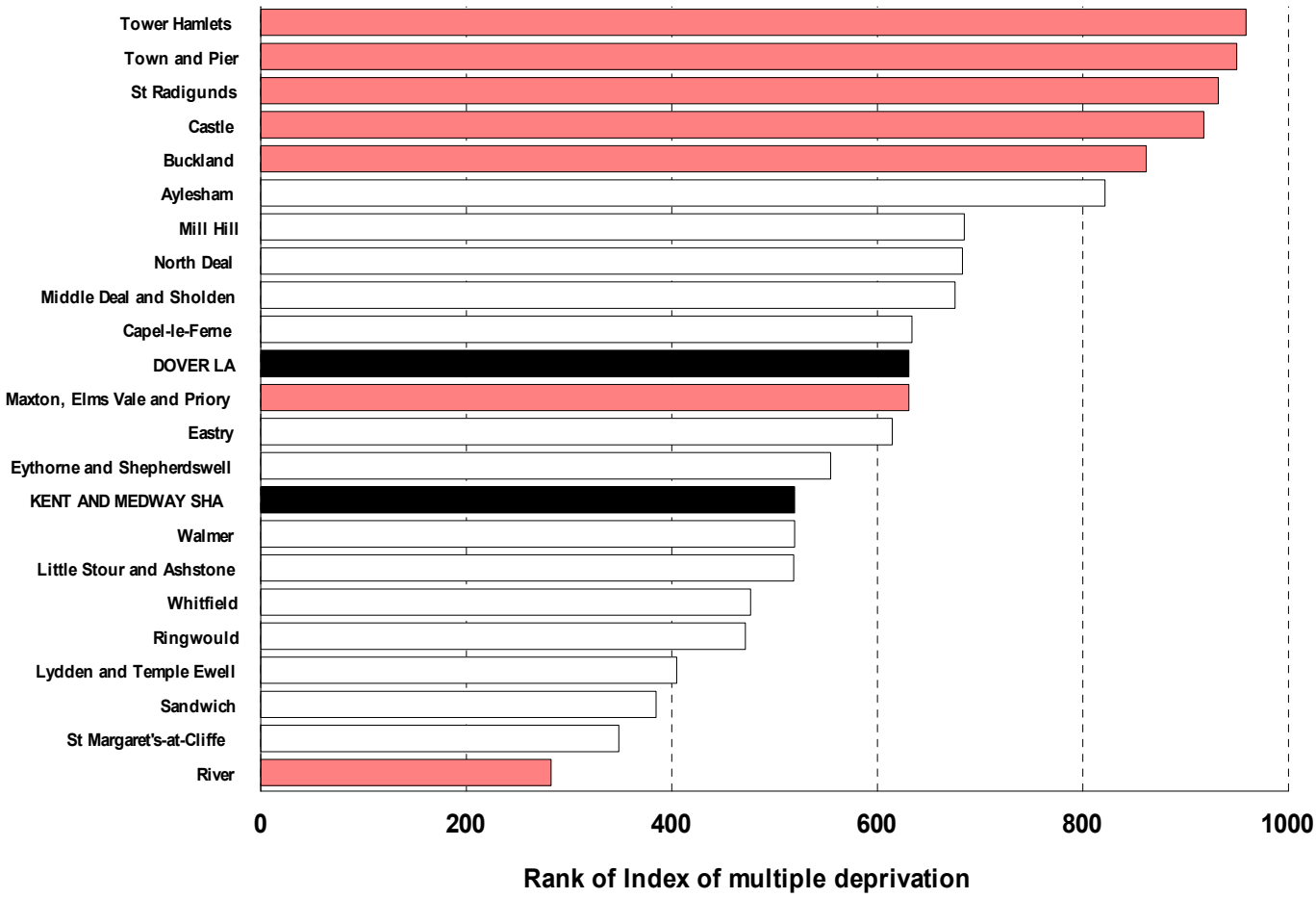
Figure 2 – Map of electoral wards in Dover Town area



5. Inequality in Health in Dover

The Dover District Council area has a level of deprivation (measured by the Dept. for Communities and Local Government Index of Multiple Deprivation) greater than average in Kent but roughly similar to the national average (Figure 3). However, this overall figure masks a significant variation within the Council area where more affluent areas balance the statistics with more deprived areas. Dover Town area has the most inequality.

Figure 3 – Deprivation in Dover District Council electoral wards



Note: Electoral wards are ranked against 1047 wards in England, where 1047 = the most deprived ward.

Five of the wards in Dover Town (Buckland, St Radigunds, Town & Pier, Castle, and Tower Hamlets) are amongst the 20% most deprived wards in England. The first three wards listed fall into the top 10% for deprivation.

This deprivation has a direct impact on health as well as many other aspects of life. These deprived wards also appear in the 20% wards in Kent that have the highest level of child poverty. These wards have higher rates of teenage pregnancy and are among the top ten in Kent for hospital admissions due to alcohol and other drugs.

6. Use of Hospital Services

The numbers of hospital admissions and age-standardized admission rates are shown in Figure 4.

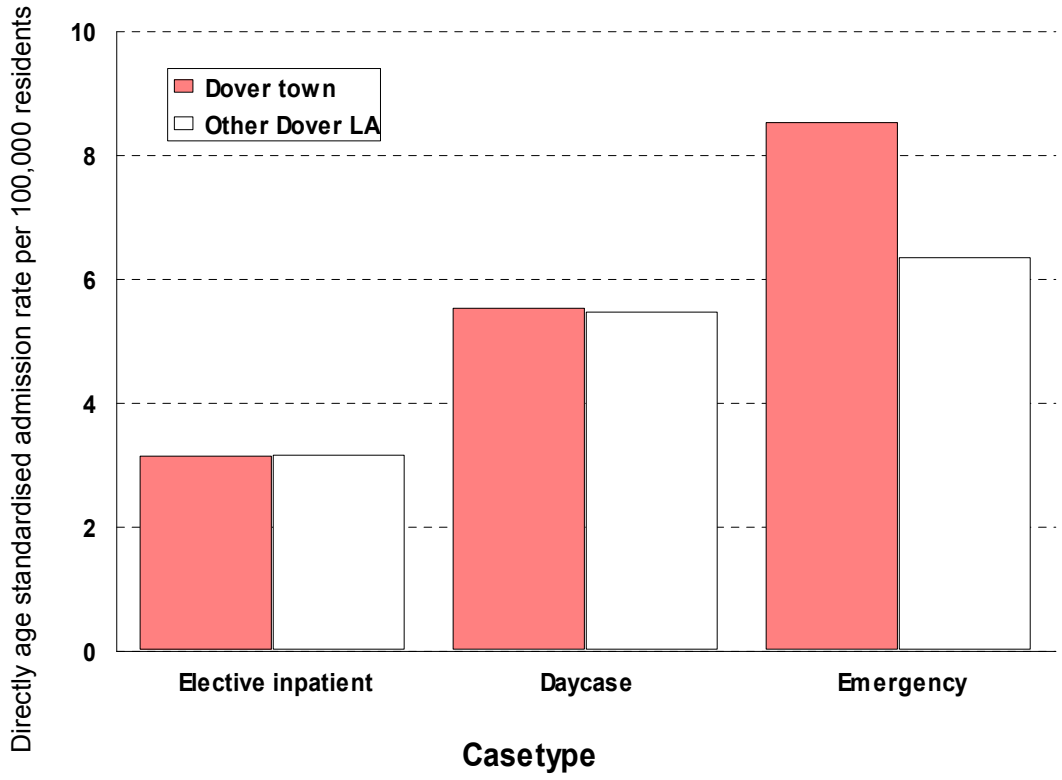
Figure 4 – Hospital admissions data for residents of Dover District Council area

	Dover Town				Dover non Town			
Case type	Adms	ASR*	95% Confidence Interval		Adms	ASR*	95% Confidence Interval	
			LL**	UL***			LL**	UL***
Elective inpatients	1,111	3,148.7	2,960.9	3,336.5	2,424	2,911.9	2,791.0	3,032.7
Day cases	1,973	5,536.3	5,292.6	5,780.0	4,832	5,473.6	5,316.0	5,631.2
Emergency	3,092	8,537.4	8,238.4	8,836.4	5,536	6,353.2	6,176.3	6,530.0
Elective + emergency	**6,176**	**17,2224**	**16,8221**	**17,6227**	**12,792**	**14,738.7**	**14,488.2**	**14,989.2**

* Age standardised mortality rate per 100,000 residents
** Lower limit for confidence interval
*** Upper limit for confidence interval

Hospital admission rates for Dover town and Non-Dover town are similar for elective inpatients and day cases. However, Dover town has emergency admission rates that are over 34% higher than the non-town component. Confidence intervals indicate that this is statistically significant. (Figure 5)

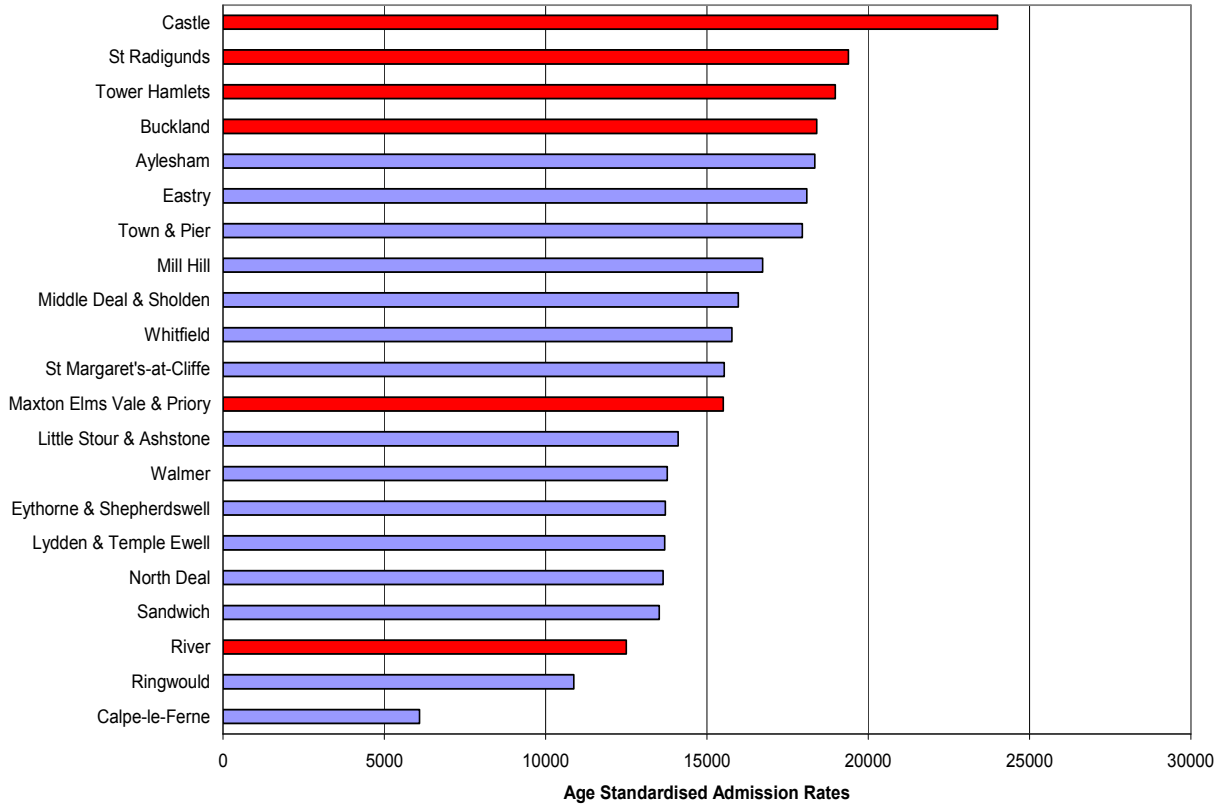
Figure 5 – Hospital admission rates for residents of Dover District Council



(Excludes maternities, births and transfers)

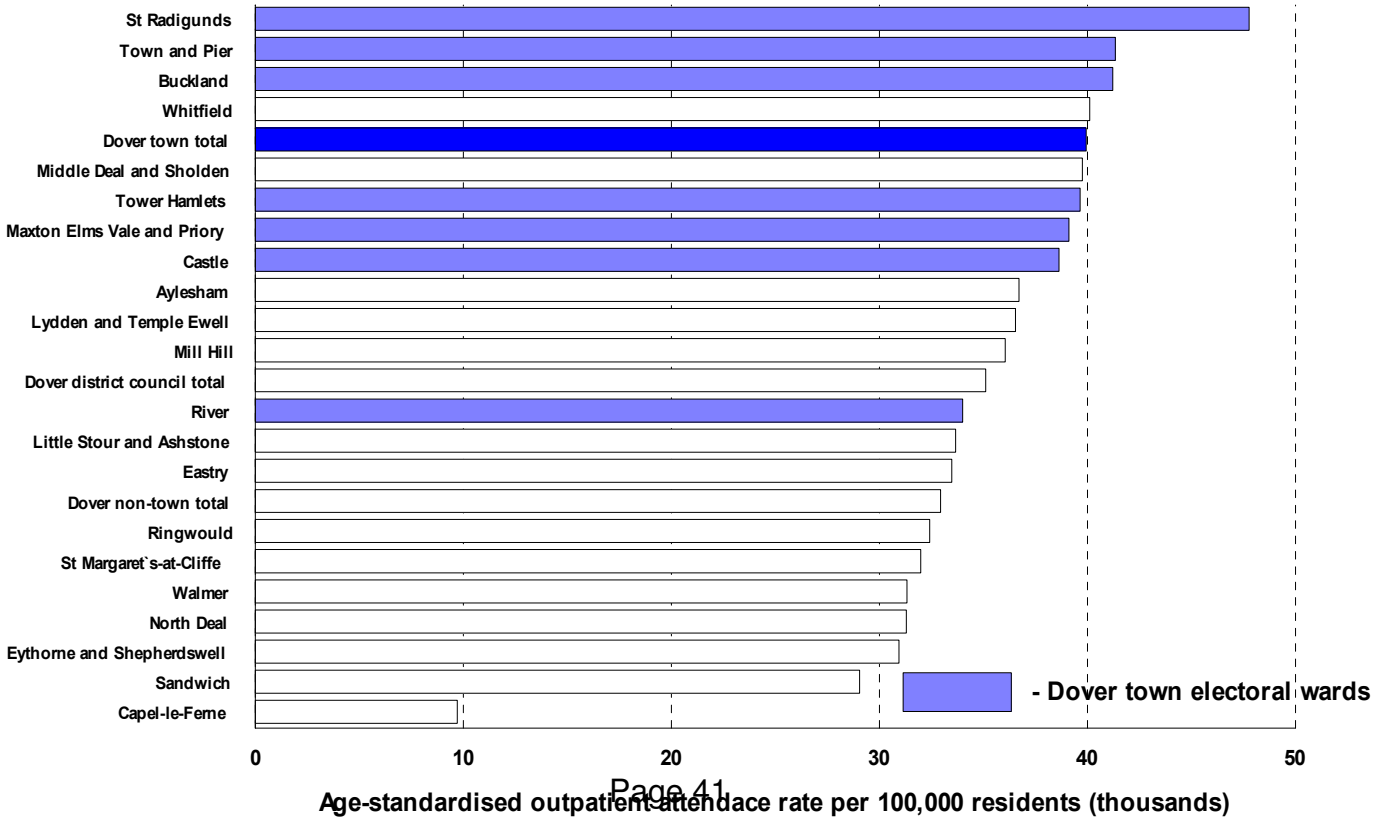
When admission rates are examined by ward a significant difference is seen between the highest and lowest rates (Figure 6). The four wards with the highest admission rates are in Dover Town.

Figure 6 – Hospital Admission Rates by Electoral Ward (Dover Town wards in red)



The numbers of admissions by specialty were examined. Over four-fifths of admissions (81%) are in the top 10 specialties, with general medicine and general surgery being the largest. There is a consistent pattern of admission rates being higher in Dover town than in the rest of Dover LA.

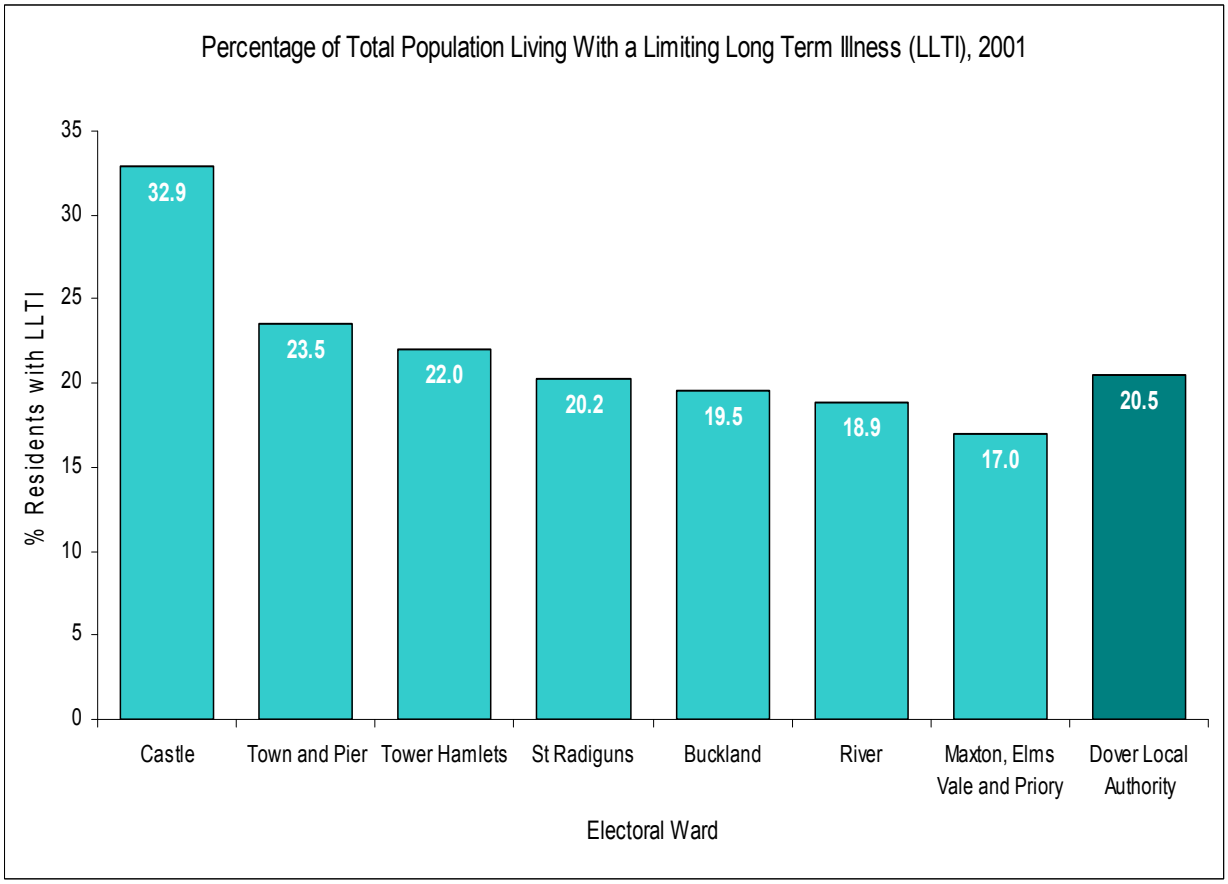
Figure 7 Outpatient first attendance rates for electoral wards in Dover District Council area



Rate of referral to hospital outpatient clinics is another indicator of the levels of hospital need. Figure 7 shows that Dover town has higher rates than the rest of the Dover Local Authority area.

7. Limiting Long-Term Illness

Figure 8 – Percentage of Total Population Living With a Limiting Long Term Illness



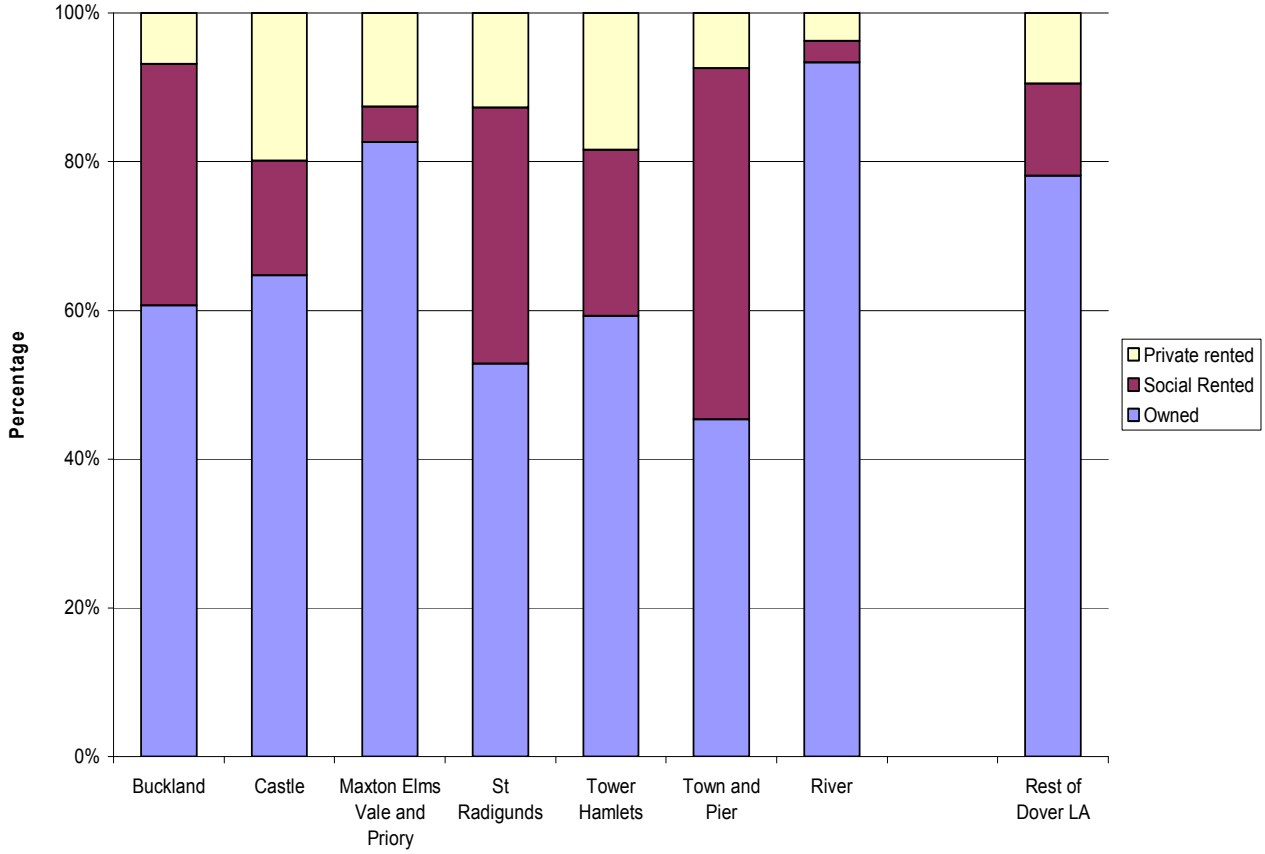
Source: National Census 2001

One of the questions in the national census is about living with limiting long-term illness. This records whether a person perceives that they have a limiting long-term illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age. In Dover Town most wards are similar to the national and local average but Castle ward in particular has significantly higher rates than average.

8. Wider determinants of health

Housing is an important factor relating to health and wellbeing. Figure 9 shows the distribution of housing in the Dover wards compared with the rest of the Dover Local Authority area. There are significantly lower rates of home ownership in Dover town and higher levels of socially and privately rented accommodation. In addition, the housing stock in the Dover area was reported to be the poorest quality in the South East by GOSE.

Figure 9 – Accommodation Type, Dover Town Wards compared with the Rest of Dover LA.



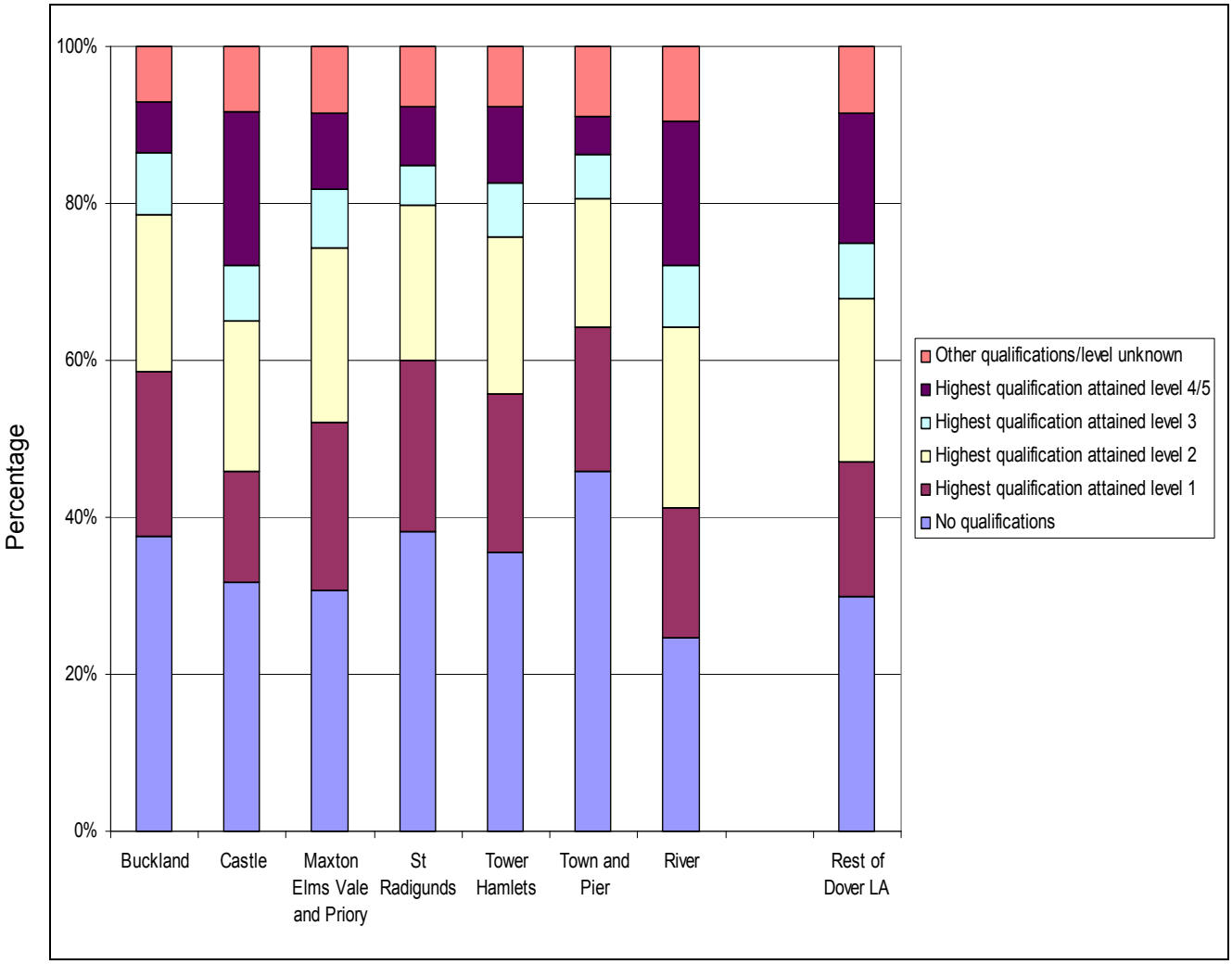
Source: Census 2001

Education is a key part of overcoming deprivation but it also reflects the distribution of deprivation in our society, with poorer educational levels in areas of deprivation and higher levels of education in more affluent areas. This pattern is shown in Dover where deprived Dover town wards have poorer levels of education than River ward (an affluent ward) and the rest of Dover Local Authority as a whole (Figure 10).

Key to Table 10

Level 1: 1+ 'O' level passes, 1+ CSE/GCSE any grades, NVQ level 1, Foundation GNVQ
Level 2: 5+ 'O' level passes, 5+ CSEs (grade 1). 5+ GCSEs (grades A-C), School Certificate, 1+'A' levels/ AS levels, NVQ level 2, Intermediate GNVQ
Level 3: 2+ 'A' levels, 4+ AS levels, Higher School Certificate, NVQ level 3, Advanced GNVQ
Level 4/5: First degree, Higher degree, NVQ levels 4 and 5, HNC, HND, Qualified Teacher status, Qualified Medical Doctor, Qualified Dentist, Qualified Nurse, Midwife, Health Visitor.

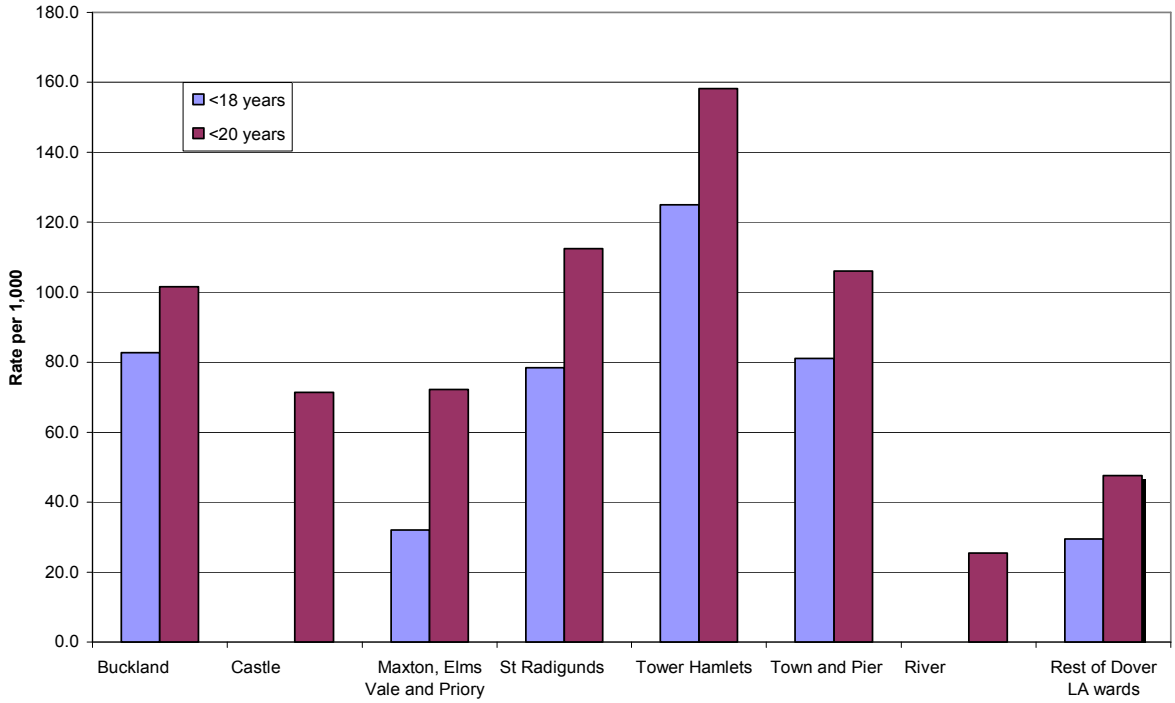
Figure 10 – Levels of Educational Qualification All People aged 16–74 years



Source: Census 2001

Teenage pregnancy is associated both with social and economic deprivation and with lower levels of educational attainment. The rates of teenage pregnancy among girls aged under 18 and under 20 years is shown in Figure 11. There are significantly higher rates found in the deprived Dover town wards compared with more affluent wards and the rest of Dover LA area.

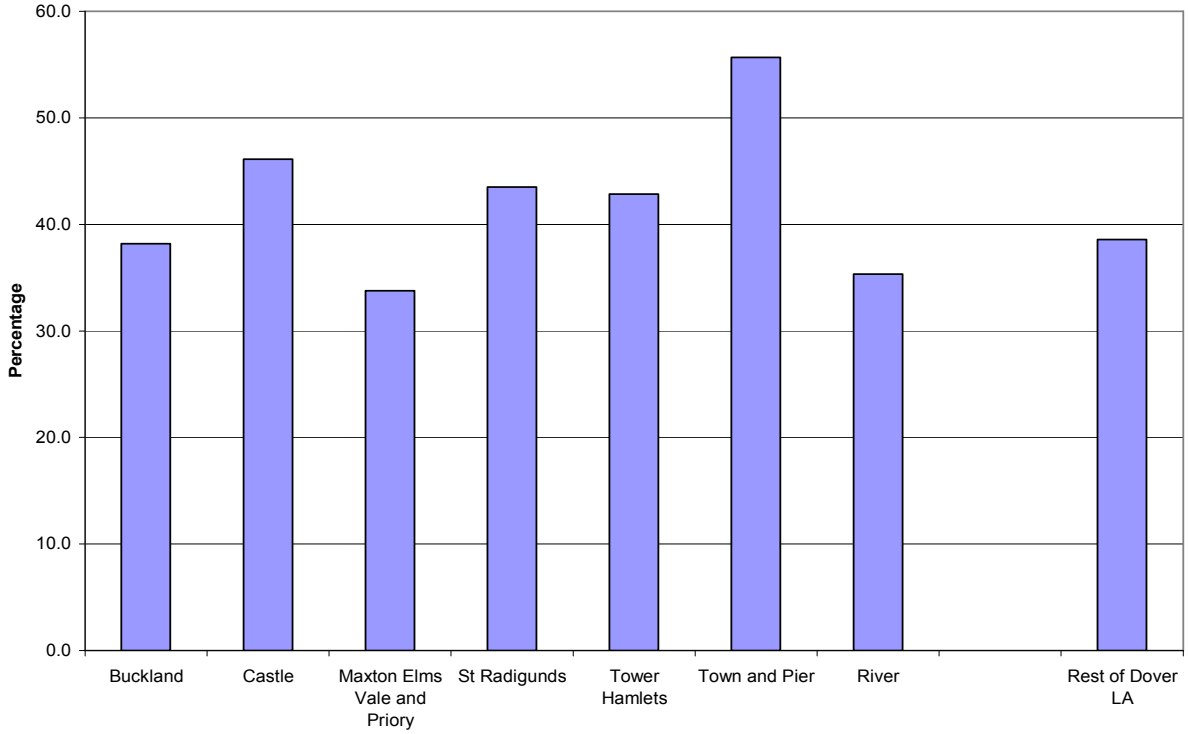
Figure 11 – Teenage Pregnancy Rates for under 18 and under 20 years



Source: National Vital Statistics, Conceptions 2000

Unemployment has a detrimental effect on health and is a good indicator of overall levels of wellbeing in an area. The deprived wards of Dover Town have higher rates of unemployment than the rest of Dover LA area (Figure 12).

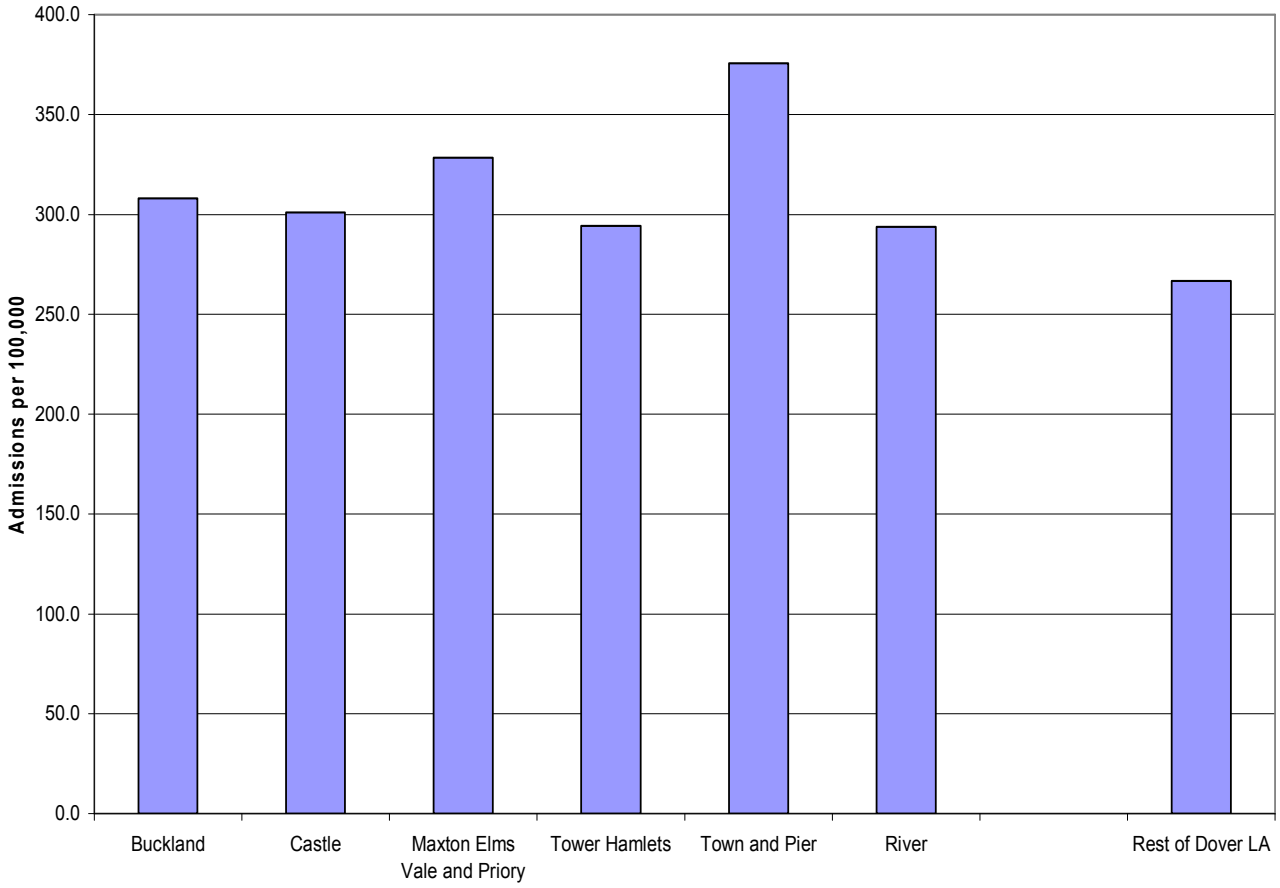
Figure 12 Percentage of People aged 16-74 Unemployed



Source: Census 2001

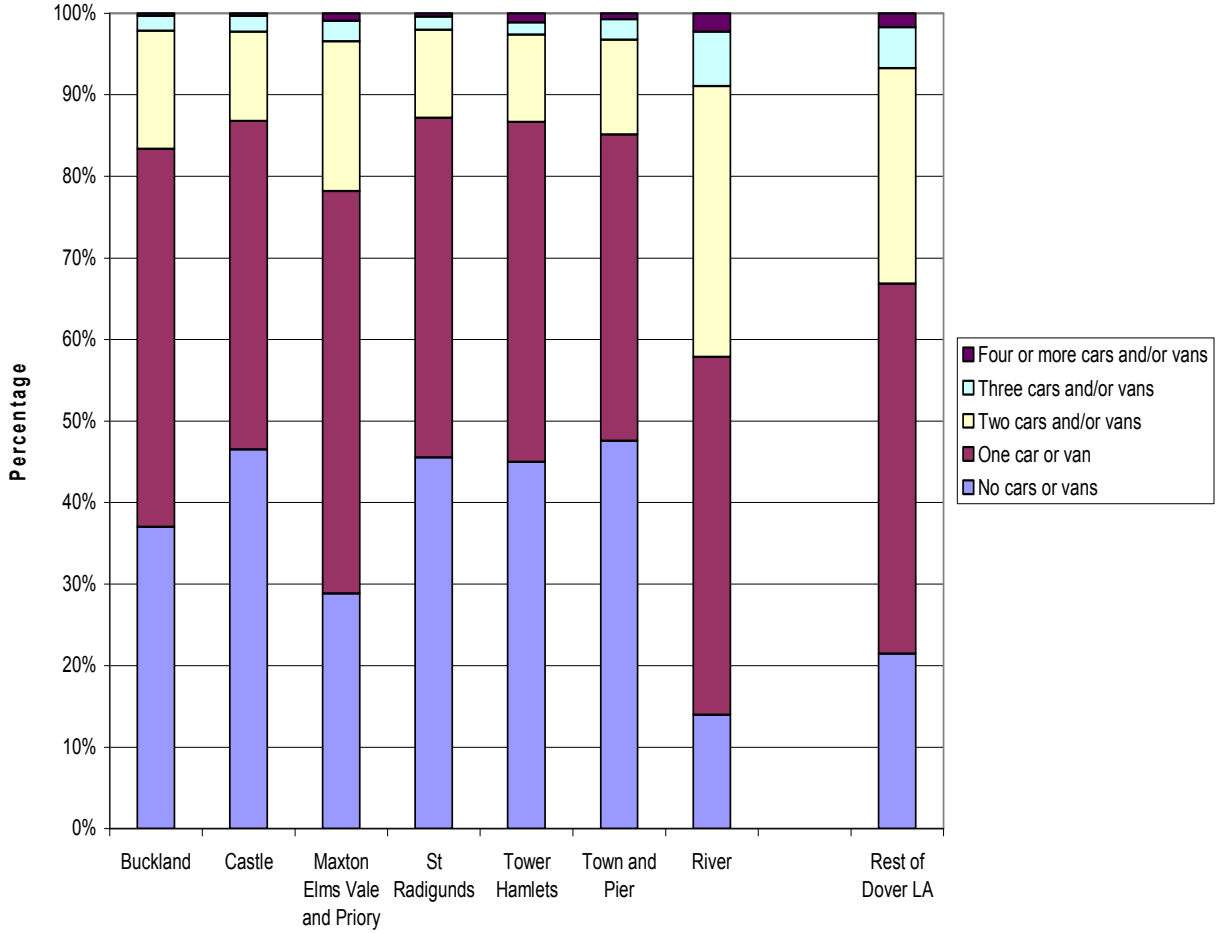
Accidents tend to occur more frequently among populations suffering from deprivation, especially among children. Fortunately the number of deaths from accidents is relatively small, however, there are a significant number of accidents that result in serious injury requiring admission to hospital. There are higher admission rates for the deprived Dover swards compared with the rest of Dover LA area.

Figure 13 – Admissions for Serious Accidents



Car ownership is a useful measure of affluence. The average household in the UK owns more than one car, however, there is a gradient related to affluence with a larger proportion of the poorest households not owning a car at all. This has obvious limitations for transport and reduces access to services, and is one of the major relative factors in reducing health and wellbeing.

Figure 14 - Percentage (%) Households with Cars and/or Vans



Source: Census 2001

Over 40% of households in the more deprived Dover Town ward have no car and less than 20% have more than one car. This compares unfavourably with the rest of the Dover LA area where only about 20% of the households do not own cars and more than 30% own more than one car.

9. Summary of Equity Issues

The Dover District Council Local Authority area (Dover LA) as a whole has a level of deprivation (measured by the DETR Index of Multiple Deprivation) greater than average in Kent but roughly similar to the national average. However, Five of the wards in Dover town (Buckland, St Radigunds, Town & Pier, Castle, and Tower Hamlets) are amongst the 20% most deprived wards in England. The first three wards listed fall into the top 10% for deprivation.

Social and Economic

The levels of social and economic deprivation are reflected in a number of measures: There are significantly lower rates of home ownership in Dover town and higher levels of socially and privately rented accommodation. There are poorer levels of education and higher levels of unemployment found in the Dover town wards compared with the rest of Dover LA area. Over 40% of households in Dover town wards have no car, compared with the rest of the Dover LA area where only about 20% of the households do not own cars.

Health
There are poorer levels of health too. Castle ward has more residents than average with limiting long-standing illness (32.9% compared with a Dover LA average of 20.5%). There are significantly higher rates of Teenage Pregnancy found in the Dover town wards and there are higher hospital admission rates following serious accidents. Emergency hospital admission rates are over 34% higher than the rest of Dover LA, with higher referral rates to hospital outpatient clinics.

Mortality
The average age at death for both men and women is younger in Dover town compared with the rest of the Dover LA area. There are higher mortality rates for all causes including cancer and circulatory diseases. Overall mortality rates for Dover town are 9.2% higher than for the rest of Dover LA area.

10. Implications for Health Services

The health statistics reflect significant areas of deprivation in Dover. The main implications for health services are:-

- A broad strategic approach is necessary to address the underlying determinants of health in partnership with other public and private agencies. Health services are only one issue that must be tackled to overcome poverty and social exclusion.
- Health promotion is an important component of health services to prevent disease and improve health.
- A development of the range of primary and community health services will meet most of the health needs of the population.
- Health services will be provided in primary care where possible with easy access to patients. A shift of health services from secondary to primary care will occur with the development of intermediate care.
- Services at Buckland Hospital are part of a wider network of secondary care services that increasingly serve a wide population (e.g. across the whole of East Kent) in order to maintain clinical quality.

4.1 Working in partnership to tackle poverty

The range of issues that have an impact on health are very wide and include employment, education, housing, transport, crime and disorder.

In order to break the cycle of decline action is needed across three areas:

- Strengthening communities
- Improving the economic and labour market position of residents
- Improving the delivery of mainstream public services

The Dover Public Service Agreement and the Local Area Agreement[1] form a basis for tackling inequality and breaking the cycle of deprivation by tackling the

[1] A local area agreement (LAA) is a three-year agreement between a local area and central government. The LAA describes how local priorities will be met by delivering local solutions.

determinants of health. The PCT is working with local partners in the Dover Health and Wellbeing Partnership and elsewhere to support the comprehensive range of actions necessary to improve health.

Dover Pride is a strategic partnership led by Dover District Council, Dover Harbour Board, Kent County Council and the South East England Development Agency (SEEDA). It aims to renew pride of place in the community and secure the long term regeneration of the town. It has the following strategic objectives:

- Transform community aspirations
- Enhance learning, skills and enterprise
- Realise the potential of port expansion
- Generate a new waterfront destination
- Restructure the town and improve the environment
- Upgrade transport links and accessibility.

Dover's housing strategy aims to improve the standard of the poor housing stock, including the private renting sector. The strategy aims to provide more affordable housing, support older people and vulnerable people, and prevent homelessness. In addition the Crime and Disorder Reduction Partnership is working to improve confidence and safety together with regeneration and improving infrastructure.

4.2 *Health Promotion*

A priority for the PCT is to provide health promotion services to work with partners in the prevention of disease and promotion of health. It is important to make services more accessible by providing them in partnership with other agencies in community settings, including schools, leisure centres, and workplaces. Improving health though reducing smoking, obesity, control of accidents, drugs and alcohol, improving sexual health and mental wellbeing are all part of the new public health white paper Choosing Health, which is shaping the service provided in order to meet the target improvements in health.

4.3 *Primary Care Development*

There is a programme of development for primary care and community services. The way services are provided is changing in order to take advantage of developments in technology and modern practice and enable primary and community care teams to care for a wider range of conditions in the community. It is likely to improve effectiveness of treatment, equity, and provide greater continuity with higher patient satisfaction.

4.4 *Access to Services*

Easy access to good quality health care services is a key factor in making services more effective in deprived areas. This does not mean geographical access alone, although that is important. Minor injury units, walk-in clinics, extended opening hours and integration with high street pharmacies and other agencies all have a contribution to make.

4.5 *Secondary Care*

As primary care services become more comprehensive and secondary care becomes more specialist individual hospitals will serve larger populations, usually not less than about 300,000 people. Physical location is becoming less important than quality of care and concentration of technical expertise. Changes in a more specialised workforce, new training arrangements and working hours as well as scientific advance and cost of new treatments make it inevitable that economies of scale require centralisation of many hospital services. Shorter average length of stays mean that distance is a less critical issue for patients and relatives provided adequate transport allows access.

11. Conclusions

To meet the health needs of the local population the PCT should:

1. Continue to work in partnership with the Local Authority and others to tackle the wider determinants of health.
2. Health promotion services should continue to develop preventive services to deliver the Choosing Health agenda, working in partnership with Local Authority and other agencies to tackle inequalities in health.
3. Primary and community care services should be developed to provide a comprehensive range of primary and intermediate care services.
4. Hospital services should be as accessible as possible to people living in Dover town and those travelling from rural areas.