

**KENT AND MEDWAY NHS JOINT OVERVIEW AND
SCRUTINY COMMITTEE**

Thursday, 2nd December, 2021

2.00 pm

**Council Chamber, Sessions House, County Hall,
Maidstone**



AGENDA

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 2nd December, 2021, at 2.00 pm Ask for: **Kay Goldsmith**
Council Chamber, Sessions House, County Telephone: **03000 416512**
Hall, Maidstone

Membership

Kent County Council Mr P Bartlett (Chair), Mr N Chard, Ms K Constantine, and Ms S
Hamilton
Medway Council Cllr B Kemp, Cllr T Murray, Cllr W Purdy and Cllr D Wildey (Vice-
Chair)

UNRESTRICTED ITEMS

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

- | Item | Timings* |
|--|----------|
| 1. Membership | |
| The Committee is asked to note the change in membership. | |
| 2. Apologies and Substitutes | |
| 3. Election of Chair | |
| 4. Election of Vice-Chair | |
| 5. Declaration of interests by Members in items on the Agenda for this meeting | |
| 6. Minutes from the meeting held on 17 March 2021 (Pages 1 - 4) | |

7. East Kent Transformation Programme (Pages 5 - 18)
8. Date of next meeting: to be confirmed

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)

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

24 November 2021

KENT COUNTY COUNCIL

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee held in the Online on Wednesday, 17 March 2021.

PRESENT: Cllr D Wildey (Vice-Chairman), Cllr B Kemp, Cllr W Purdy, Mr P Bartlett (Chair), Mr D S Daley and Mr K Pugh

ALSO PRESENT:

IN ATTENDANCE: Mr T Godfrey (Scrutiny Research Officer), Mrs K Goldsmith (Research Officer - Overview and Scrutiny), Michael Turner (Democratic Services Officer) and Dr D Whiting (Consultant in Public Health, Medway Council)

UNRESTRICTED ITEMS

35. Membership

(Item 1)

Members were informed that Bryan Sweetland had stood down from the Committee and had been replaced by Diane Morton.

36. Apologies and Substitutes

(Item 2)

Diane Morton had sent her apologies.

37. Declarations of interests by Members in items on the Agenda for this meeting

(Item 3)

There were no declarations of interest.

38. Minutes from the meeting held on 28 September 2020

(Item 4)

1. The Clerk of the Committee explained that at the last meeting under item 7 "Provision of mental health services – St Martins Hospital", Karen Benbow had agreed to circulate a written update about the Thanet Safe Haven to Members of the Committee. This had been received and would be circulated to Members after the meeting and be attached to the minutes from this meeting.
2. It was RESOLVED that the minutes of the meeting held on 28 September 2020 were a correct record and they be signed by the Chair.

39. Provision of Mental Health Services - St Martin's Hospital

(Item 5)

Karen Benbow, Director of System Commissioning, Kent and Medway Clinical Commissioning Group (KM CCG), Andy Oldfield, Deputy Director Mental Health and Dementia Commissioning (KM CCG), Vincent Badu, Deputy Chief Executive/ Executive Director Partnerships & Strategy, Kent and Medway NHS and Social Care Partnership Trust (KMPT), and Dr Rosarii Harte, Deputy Medical Director (KMPT), were in attendance for this item.

1. The Chair welcomed the Committee's guests from the NHS, who proceeded to provide an overview. The report in the Agenda updated the Committee on the way the Trust had managed the Covid pressures, outlined the transformation programme in the context of significant financial investment, and provided a summary of changes to St. Martin's.
2. Members were also informed that the move from Cranmer Ward to Heather Ward had been timely as it was a better environment for infection control. The biggest pressure of Covid was on outreach and community services rather than inpatient beds. Demands on the inpatient bed stock had been managed so that a ward was able to be made available for Medway Foundation Trust.
3. It was reported that the Covid pandemic had impacted some groups more than others, with an increase in dementia presentations, and a greater impact on children and adolescents, those with Autism Spectrum Disorder, as well as those with co-morbidities. There had also been an increase in domestic violence. While there were always times of extreme pressure, placements had always been found and there had been no need to go out of the County. In response to a specific case raised, it was explained that there were other barriers to accessing services than simply the availability of beds.
4. One of the main areas of discussion with the Committee was on financing. It was explained that the £51m available came from different funding streams. £12.6m had been ringfenced for estates; money for capital investment came with a timetable. The health economy had to attain the Mental Health Investment Standard, and this meant an increase in the resource directed to this area.
5. The local work formed part of a national programme where community mental health was a priority under the mental health long term plan. NHS colleagues described it as a once in a lifetime opportunity to shift from a situation where patients were steered to align with services to one where care pathways were built around the patient. There was an oversight group which had the involvement of Kent and Medway Councils as well as third sector and voluntary groups. There were patient engagement activities across all four Integrated Care Partnership (ICP) areas.
6. Clarity was provided that the bed number of 246 referred to in the report took into account the temporary reduction of 15. It was also explained that Member

comments on the use of the word temporary had been taken on board, and that legal advice had been sought and that it was down to local discretion.

7. Bed use had been analysed by the NHS. Some individuals had been admitted to inpatient wards for less than seven days and this indicated they could be better supported in the community without a hospital stay. Home treatment teams were available, and the service worked very closely with the police on section 136 referrals. There was a 24/7 patient flow team which assisted with flow both in and out of hospital, addressing access and discharge barriers where necessary.
8. The issue of housing growth was raised by Members and the impact this would have on the need for more inpatient beds questioned. It was explained that the bed modelling would hold to 2024 and demographic growth was factored in. The NHS view was that the shift to a community-centric service with additional support like primary care practitioners, would mean the need for people to access inpatient beds would reduce even further over time, helping the sustainability of the service. Work was also ongoing with public health colleagues on the preventative workstream. However, more work was needed on the longer term and NHS colleagues undertook to report back on this in due course.
9. In response to a specific question, it was confirmed that the complexities in Medway and Swale had been recognised and work was starting in those areas first.
10. RESOLVED that the Medway HASC and Kent HOSC consider the closure in the broader context of the proposals to reconfigure mental health services more widely.

40. East Kent Transformation Programme (written update)

(Item 6)

1. The Chair introduced the item and explained this was a written update and that if any Members had questions arising from it, then these could be passed on to the Clerk of the Committee who would liaise with the NHS for answers to be reported in the future.
2. The Chair explained that he would like to know whether assurance had been received from NHS England about the £400m of funding, and if not, whether the Committee could offer any assistance in securing this. In addition, the Chair requested clarity on the viability of the Quinn Estates proposal and said that a bond would be required to eliminate any future viability issues from the developer.
3. AGREED that the Committee note the update.

41. Specialist Vascular Services Review (written update)

(Item 7)

1. The Chair introduced the item and explained this was a written update and that if any Members had questions arising from it, then these could be passed on to the Clerk of the Committee who would liaise with the NHS for answers in the future.
2. AGREED that the Committee note the update.

42. Date of next meeting: to be confirmed

(Item 8)

Item 7: East Kent Transformation Programme

By: Kay Goldsmith, Scrutiny Research Officer to the Kent Health Overview and Scrutiny Committee

To: Kent and Medway NHS Joint Overview and Scrutiny Committee, 2 December 2021

Subject: East Kent Transformation Programme

Summary: This report invites the Kent and Medway NHS Joint Overview and Scrutiny Committee to consider the information provided by the Kent and Medway CCGs.

1) Introduction

- a) The programme of work under consideration for this item has been in development for a number of years. In November 2017 the NHS announced a 'medium list' of two potential options and has been working since then on developing these options. The shortlist of options was announced on 16 January 2020.
- b) The two options are:
 - i. Two site emergency department model with William Harvey Hospital as the Major Emergency Centre
 - ii. One site emergency department model with Kent and Canterbury Hospital as the Major Emergency Centre
- c) The Committee received its last formal update on 17 March 2021. The report highlighted ongoing work on the Pre-Consultation Business Case (PCBC), the status of the capital allocation and the assurance process.
- d) The written update was noted, but the "Chair explained that he would like to know whether assurance had been received from NHS England about the £400m of funding, and if not, whether the Committee could offer any assistance in securing this. In addition, the Chair requested clarity on the viability of the Quinn Estates proposal and said that a bond would be required to eliminate any future viability issues from the developer."

2) Letter to the Secretary of State

- a) In September 2021, the Chair of the Kent and Medway JHOSC asked Rachel Jones from the Kent and Medway CCG for an update about the Programme. It was explained that an application for capital funding had been submitted to the Department for Health and Social Care with results expected around

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Spring 2022. Due to the significance of the application, the Chair felt it might be helpful for a letter of support from the Joint HOSC (who is formally responsible for scrutiny of the programme).

- b) With this in mind, a letter was drafted and shared with members of the JHOSC ahead of today's meeting. The letter is attached as an appendix to this covering note.
- c) Subject to agreement by the Committee today, the letter will be sent to the Secretary of State after this meeting.

3) Joint Scrutiny

- a) Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers to consult a local authority about any proposal which they have under consideration for a substantial development or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment.
- b) The Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) considered the proposals relating to Transforming Health and Care in East Kent on 16 October 2018. They determined that the reconfiguration constituted a substantial variation in the provision of health services in Medway.
- c) The Kent Health Overview and Scrutiny Committee (HOSC) considered the item on 21 September 2018. The Committee also deemed the changes to be a substantial variation in the provision of health services in Kent.
- d) In line with Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013¹ the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC) is meeting for the first time of this issue. The JHOSC may:
 - make comments on the proposal;
 - require the provision of information about the proposal;
 - require the relevant NHS bodies and health service providers to attend before it to answer questions in connection with the consultation.
- e) The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State.

¹ When NHS bodies and health services consult more than one local authority on a proposal which they have under consideration for a substantial development or variation in the provision of health services in the local authorities' areas, those local authorities must appoint a Joint Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.

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This only applies in certain circumstances and the local authority and relevant health body must take reasonable steps to resolve any disagreement in relation to the proposals.

- f) The JHOSC may consider whether the reconfiguration should be referred to the Secretary of State under regulation 23(9) of the 2013 Regulations. The Committee must recommend a course of action to the relevant Overview and Scrutiny Committees.
- g) The JHOSC cannot itself refer a decision to the Secretary of State. This responsibility lies with the Kent County Council HOSC and/or the Medway Council HASC.

4. Recommendation

RECOMMENDED that:

- i. The Committee note the report; and
- ii. Agree that the letter of support (Appendix A) be sent to the Secretary of State at the conclusion of today's meeting.

Background Documents

Kent County Council (2018) '*Health Overview and Scrutiny Committee (27/04/2018)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7846&Ver=4>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (08/06/2018)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7918&Ver=4>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (20/07/2018)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7919&Ver=4>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (21/09/2018)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7921&Ver=4>

Medway Council (2018) 'Health and Adult Social Care Overview and Scrutiny Committee (16/10/2018)', <https://democracy.medway.gov.uk/mgAi.aspx?ID=19800>

Kent County Council (2020) 'Kent and Medway Joint NHS Health Overview and Scrutiny Committee' (06/02/2020), <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8624&Ver=4>

Kent County Council (2020) 'Kent and Medway Joint NHS Health Overview and Scrutiny Committee' (28/09/2020), <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8675&Ver=4>

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Kent County Council (2021) 'Kent and Medway Joint NHS Health Overview and Scrutiny Committee' (17/03/2021),
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8769&Ver=4>

Contact Details

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Rt Hon Sajid Javid MP

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Date: 2 December 2021

Dear Sajid Javid,

East Kent NHS Transformation Programme

The Kent and Medway Joint Health Overview and Scrutiny Committee (JHOSC) are writing in support of East Kent Hospitals University NHS Foundation Trust's (EKHUFT's) Expression of Interest for allocation of critical and vital capital funding under the government's Health Infrastructure Plan and New Hospitals Programme. Although we are a cross-party committee, we are united in our view that acute NHS care in east Kent is not sustainable in its current form and the case for investment is undeniable.

Leaders and clinicians across Kent and Medway are in no doubt that to delay capital investment in acute care will have dire consequences for east Kent residents, knock-on effects across the wider health and care system, and result in a worsening of the already apparent situation: not meeting waiting time targets in both A&E and planned care; a lack of capacity which leads to cancelled operations; and difficulty recruiting and retaining staff.

A significant part of east Kent's hospital estate is over 50 years old, has come to the end of its useful life and is no longer fit for purpose. The Kent & Canterbury Hospital and the Queen Elizabeth The Queen Mother Hospital in Margate continue to provide clinical services from buildings originally built in the 1930s. Looked at against the backdrop of a health and care system that is in the process of recovering from the challenges of the COVID-19 pandemic, the need for significant investment has never been more urgent.

If the Trust fails to secure adequate capital investment during this round of the HIP, there is a real danger that they will be forced into a series of inefficient, unsustainable and temporary emergency service moves that will serve only to paper over the cracks for a short time, rather than making the long-term and truly transformational changes that will bring huge benefits to staff, patients and the whole community.

This programme has been in discussion for over 20 years, with comprehensive and robust work undertaken over the last five years to develop a compelling investment case to safeguard our hospital services and the wider health and care system in east Kent for current and future generations - there is no easy or immediate plan B. To wait for another round of investment in a few years' time is not an option – the residents of east Kent cannot and should not wait any longer for the funding and clarity that they need and deserve.

Our committee implores you to treat EKHUFT's Expression of Interest with the urgency and responsibility it deserves.

Kind regards,

Paul Bartlett
Chair, Kent & Medway Joint Health Overview and Scrutiny Committee
Kent County Council

cc. Roger Gough, Leader of Kent County Council
Kent District Leaders
Kent MPs

KENT AND MEDWAY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

2 December 2021

East Kent Transformation Programme – update

Report from: **East Kent Transformation Programme**

Author: **Rachel Jones**
Executive Director of Strategy and Population Health
Kent and Medway Clinical Commissioning Group

Introduction

The purpose of this report is to provide an update to the Committee on the status of the East Kent Transformation Programme, led by Kent and Medway Clinical Commissioning Group (KMCCG) and East Kent Hospitals University NHS Foundation Trust (EKHUFT). JHOSC members received an update on the programme in March 2021 and since that time there have been developments to the national process for allocating capital funding for new hospitals under the Government's Health Infrastructure Plan (HIP)¹ and the New Hospitals Programme, that relate to the East Kent programme.

Background and context

Hospital services in east Kent need significant national investment to ensure we have three excellent hospitals providing the very best care for our communities. The East Kent Transformation Programme, led by local hospital doctors and GPs working with frontline staff, patients, the public and other stakeholders, has developed two options to deliver safe, high quality, sustainable hospital services for local people. Both options require approximately £460 million of central capital investment. They provide a once in a generation opportunity to make the changes needed to deliver the quality and consistency of health services that the people of east Kent need and deserve.

East Kent's clinical community and health and care leadership agree that either option would deliver significant improvements for local people compared to now. To date, both options have evaluated strongly, and both have pros and cons. No preferred option has been identified and no decision has been made as the current national process means formal public consultation cannot take place until a capital allocation for the programme has been identified. Local clinicians are united in their view that that the current situation is untenable, that no change is not an option and either option is better than the status quo. Key stakeholders, including MPs, councillors, voluntary and community sector groups and organisations, agree with this position and are supporting the need for significant investment in east Kent.

Current status of the East Kent Transformation programme

¹ The government's plan to deliver a long-term, rolling 5-year programme of investment in health infrastructure

The Pre-Consultation Business Case (PCBC), setting out the 'case for change' and detailed investment case for both options, was approved by Kent and Medway Clinical Commissioning Group's Governing Body and East Kent Hospitals University NHS Foundation Trust's Board in July 2021. In August, the document was reviewed as part of NHS England's Stage 2 Assurance process where it was successfully assessed against rigorous criteria for planning and delivering service change and reconfiguration. However, the programme cannot currently move forward to formal public consultation on the options until confirmation of approval of Treasury funding for the capital element of the programme is secured.

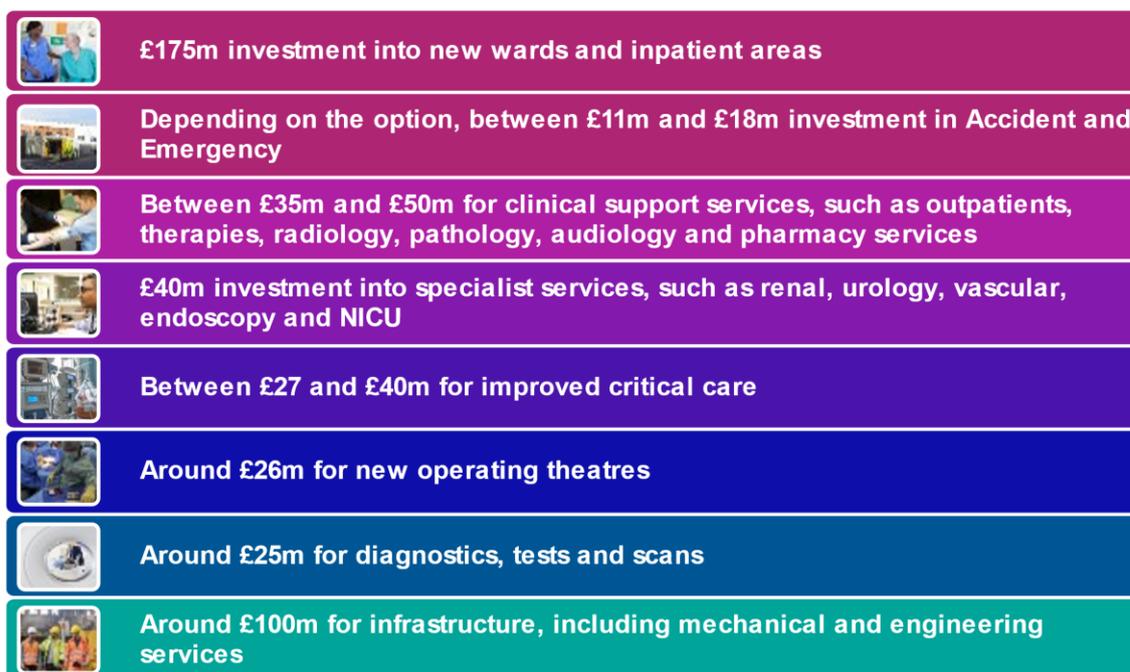
On 15th July 2021, the Department of Health and Social Care (DHSC) invited expressions of interest from NHS trusts who wish to be considered for inclusion in the next wave of the Health Infrastructure Plan (HIP). The process is aimed at identifying a further 8 new hospitals to add to the government's existing commitment to fund and build a total of 40 new hospitals in England by 2030. The expressions of interest (EOI) process stipulates that the submission must be trust-led (as capital would be allocated directly to the trust under this national scheme).

A robust EOI for the east Kent programme has been completed and submitted, seeking the capital required to deliver vital new hospital buildings and facilities for the people of east Kent. We now await feedback on our submission. The two options under consideration are:

- Option 1 – Major emergency centre with specialist services at William Harvey Hospital in Ashford, emergency centre at Queen Elizabeth The Queen Mother Hospital in Margate and an elective surgical centre with a 24/7 Urgent Treatment Centre at Kent & Canterbury Hospital in Canterbury
- Option 2 - Major emergency centre with specialist services at Kent & Canterbury Hospital, elective surgical centres with 24/7 Urgent Treatment Centres at William Harvey Hospital and Queen Elizabeth The Queen Mother Hospital

An overview of the breakdown of investment on hospital services is set out below.

What £460m means in service investment



1

Under either option, the investment would support improvement in a wide range of service areas including:

- New wards, operating theatres and inpatient areas
- Clinical support services such as outpatients, radiology, pathology, audiology and pharmacy services
- Specialist service investment in areas such as renal, urology, vascular, endoscopy and NICU (neonatal intensive care unit)
- Funding for diagnostics, tests, and scans and to support wider hospital infrastructure.

The East Kent Transformation Programme's EOI describes how the proposed scheme (under either option) supports the health and care system's strategic goals and will deliver significant benefits to patients, staff and the local community. Competition for hospital capital is high and we expect to be asked to provide further evidence in support of our bid over the coming months. It is anticipated that the decision on the final 8 hospitals to form part of the national programme will be announced in the spring of 2022.

Stakeholder support for the East Kent investment case

We continue to engage with stakeholders to demonstrate the depth and unity of stakeholder and community feeling about the need for the east Kent healthcare and hospitals investment case. The programme team has worked closely with a wide range of political, academic, health and care system and community stakeholders who support the consensus amongst clinicians and health and care leaders that either option would be significantly better than the status quo in terms of providing local people across the whole of east Kent with the high quality, sustainable hospital and healthcare services they need and deserve.

We place a high value on the support and advice of JHOSC members in helping us shape the East Kent Transformation Programme over the last five years and in making strong representation on behalf of east Kent residents. We appreciate that JHOSC members hold different views about the options, and we will make sure that our formal public consultation ensures that these views can be discussed and considered in detail. Before public consultation can happen, we appreciate JHOSC's support for the programme's investment case and will continue to update members about the progress of our EOI.

Recommendations

JHOSC members are asked to:

- Note the information provided in this update and to continue to work with KMCCG and the wider east Kent transformation programme to support our work for urgent significant investment in the east Kent health system.

Lead officer contact: Rachel Jones
Executive Director Strategy and Population Health
Kent and Medway Clinical Commissioning Group

Appendix A

Transforming east Kent's hospital services – our case for change

The NHS in Kent and Medway has been developing plans for major investment in east Kent's hospital-based services and to improve the way services are delivered at the three major hospitals in east Kent. Local doctors and other clinical leaders have worked together to create proposals to modernise outdated hospital buildings and to change the way that services are organised, which, if implemented will deliver significant improvements in health and care and allow the system to respond to changes in the way in which we treat people with serious illness. This work, known as the East Kent (EK) Transformation Programme, outlines an ambitious and exciting plan for east Kent, based on the vision set out in the national *NHS Long Term Plan*.

Hospitals in East Kent have been struggling for many years to provide services in the current configurations and are also trying to provide services from hospital buildings that are not fit for delivering modern healthcare and have reached the end of their useful life. The plans have been discussed with a wide range of stakeholders and, whilst there are differing views on the two current options (both have pros and cons and both would bring significant improvements for patients and NHS staff in east Kent), there is agreement that the current position is untenable. There is agreement we must now invest in east Kent hospital services to make them fit for the future and make improvements. The proposals have been developed from a compelling evidence base and will provide certainty for the future. There has been a lack of strategic and capital investment in acute services in east Kent over many years, which this work seeks to address.

An integral part of this work has been the development of a 'pre-consultation business case' or PCBC which contains all the evidence and data to support the options to be put forward for public consultation. Part of the process of getting to public consultation is through assurance where our regulators, NHS England and NHS Improvement (NHSEI), check whether the options for consultation meet key tests designed to make sure the options will deliver improvements for patients, and be a good use of public money. The programme has now completed this assurance process with our regulator, NHS England/Improvement confirming that the PCBC meets the key tests.

Along with assuring the PCBC, securing a commitment of capital is a critical requirement for the progression of the east Kent transformation work, and we require an agreement of Treasury funding – around £460million - before we can proceed to formal public consultation.

Our investment case

There is a compelling case for investment in and, re-organisation of, our hospital services within East Kent Hospitals University NHS Foundation Trust (EKHUFT).

The work on the East Kent Transformation Programme to date, led by doctors and other clinical leaders, has resulted in a shortlist of two potential options for investing in hospital services. Both options would improve outcomes and patient experience and make sure services are safe, high

quality and sustainable for the long-term for the people of east Kent. Both options will deliver significant improvements to the current position and to patient care.

Not having this investment in east Kent and not delivering either option in east Kent will mean:

- our backlog maintenance requirements in East Kent Hospitals will rise to unprecedented levels over the next five years and we will continue to work out of buildings that have come to the end of their useful life;
- 78% of our buildings will continue to need significant investment to meet modern standards and it will cost at least £121m just to catch up with basic maintenance required on the buildings, now;
- a loss of up to £600m of economic impact to east Kent's businesses; and,
- the opportunity to create up to 400 jobs (up to 7,800 'job years'²) across east Kent will be lost.

Most importantly, for patients:

- more than half our beds will still be provided in old fashioned 'nightingale' wards with less than 8% of beds (80 beds) being single rooms;
- East Kent Hospitals University NHS Trust will lose the opportunity of developing over 570 ensuite rooms and bays, directly impacting on its ability to manage infection effectively;
- more than 1,200 inpatients will continue to be transferred between our hospitals each year, to get access from more than one specialist team, currently working from different sites;
- just 15% of the communal areas in our hospitals will meet the requirements of frail and disabled people; and
- only 9 of the 36 'expected' national clinical standards would be met in east Kent.

Securing capital funding for these changes is critically important given the challenges the system faces. We must have national capital funding identified to be able to move forward to formal public consultation and to then implement our improvement plans.

Developing our pre-consultation business case (PCBC)

The PCBC for investment in east Kent hospitals is the result of extensive work over the last five years by clinicians and leaders from across the NHS and social care in east Kent. All major providers and the local authority have contributed to its development with local clinical commissioners. Extensive engagement with colleagues, patients, carers, Healthwatch and other patient representative groups, the public and other stakeholders has guided and informed this work.

² Job years turns different jobs into a single metric i.e. a construction job would only be available in east Kent for 9 years, whereas a job in the NHS would be available for 35 years.

This PCBC is a comprehensive technical and analytical document that will provide the information and evidence to support NHS Kent and Medway Clinical Commissioning Group (CCG)³ to assess and decide to consult on the options it presents for investing in and changing how acute hospital services are organised in east Kent. It sets out in detail the case for change; the proposed new clinical models of care that will help meet the challenges and opportunities described in the case for change; the robust process undertaken to develop options for how those clinical models may be delivered and to identify, assess and evaluate the proposals for change; the final set of proposals and the benefits we expect from them; and the assurance process, including the evidence for meeting the Government's 'five tests' for reconfiguration of health services.

The scope of the PCBC covers investment in all three acute hospital sites in east Kent (the Kent and Canterbury Hospital, the William Harvey Hospital, and the Queen Elizabeth Queen Mother Hospital) and looks at better ways of organising and delivering the following hospital services in east Kent:

- urgent and emergency care services
- specialist inpatient services (including those provided for a wider population beyond east Kent)
- paediatrics
- maternity
- planned care.

Services currently located at Royal Victoria Hospital and Buckland Hospital are outside of the scope of the PCBC.

³ Modelling for our PCBC was undertaken before 1 April 2020 when the four east Kent clinical commissioning groups were replaced by a single clinical commissioning group (CCG) for Kent and Medway. Data is therefore broken down to show the picture for each of the four former clinical commissioning groups: NHS Ashford CCG, NHS Canterbury and Coastal CCG, NHS South Kent Coast CCG and NHS Thanet CCG.

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