

**JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE**

28 SEPTEMBER 2020

**A SUMMARY OF PROGRESS FOR THE
RECONFIGURATION OF ACUTE HOSPITAL SERVICES IN
EAST KENT:**

Report from: **East Kent Transformation Programme**

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Introduction

The purpose of this document is to provide an overview to the committee on progress with the East Kent Transformation Programme including the status of the pre consultation business case (PCBC) and a revised consultation approach taking into account the unique circumstances of COVID-19.

Background

The NHS in Kent and Medway has been developing plans to improve health and care across east Kent. This includes developing specific proposals to change and improve the way services are delivered at the three major hospitals in east Kent. Local doctors and other clinical leaders are working together to develop proposals to change the way that services are organised to better support our ambitions for delivering improvements in health and care and 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 for everyone set out in the national *NHS Long Term Plan*.

In January 2020, we confirmed that two options for improving hospital services had been shortlisted following a detailed options development process. We also confirmed the two options would be included in a pre-consultation business case which was due to be reviewed by NHS England and NHS Improvement as part of their assurance processes, prior to being formally considered in due course for consultation by what would become Kent and Medway CCG Governing Body [following the proposed merger of Kent and Medway's CCGs which happened in April 2020]. Both options, as set out in January 2020, include major improvements to hospital care and local care in east Kent, with significant new investment to deliver high quality hospital services for local people.

The pre-consultation business case sets out proposals for the reconfiguration of acute hospital services in east Kent, underpinned by changes that are already underway to strengthen and expand the delivery of local care and improve prevention of ill-health, to enable people to stay well and live independently. It is based on work undertaken by NHS organisations and partners in east Kent since 2015 to develop proposals for meeting the changing health and care needs of local people in a sustainable way.

Progress to date

This document details key activities undertaken since the last update to JHOSC in February 2020. The JHOSC last received an update on the East Kent Transformation Programme at its meeting on 6th February 2020, before the wider emergency response to the COVID-19 pandemic temporarily paused the programme. The update given to the JHOSC at that meeting was a comprehensive

overview of work undertaken on the development of the options and the PCBC over the last year. It included a summary of the consultation plan and an indicative timeline for the submission of the PCBC to NHSE/I as part of the NHS assurance process for major service change. This update has been developed to give committee members an overview of the work undertaken since the programme re-started at the end of June 2020.

Recommendations:

- JHOSC members are asked to note the progress update provided in this report.
- JHOSC members are asked to review and provide any feedback on the revised and refreshed public consultation plan, which has been updated to take account of COVID-19 and the new environment for engagement and consultation.

1. Context

We have an ambitious and exciting plan for east Kent, based on the vision for everyone set out in the national *NHS Long Term Plan*. We want people to enjoy quality of life and quality of care, with healthcare that meets their varied and changing needs and helps them live the lives they want to lead. Our plan, which is in line with the *NHS Long Term Plan*, focuses on preventing ill-health, delivering better support and properly joined-up care in the optimal setting for everyone, and improving care quality and outcomes, particularly for people with the conditions that cause most deaths and disability.

Patients will be supported to understand and manage their own health. This will give them much greater control and enable real-time management of health issues for people with long-term conditions, avoiding the deterioration which can happen during waits to be seen. Care will be truly patient-centred, rather than patients feeling as if the care they receive takes little account of what is important to them.

People in deprived communities, family carers and those who are at higher risk of ill-health will understand how to remain healthy and will be helped and enabled to maintain and enhance their physical and mental health and wellbeing.

Services will work on the principle that 'no door is the wrong door', guiding people to the place that can best help them, backed up by digital technology and strong connections between Local Care (care delivered outside of hospitals) and acute hospital-based care, with the patient at the centre of decision-making.

As part of delivering this ambitious vision for the future, we plan to establish excellent Local Care (out of hospital) services in every community, embracing integration between health and social care services to best meet people's day to day health and care needs in a joined up way. In turn, we want to support and reshape hospital services so that everyone in east Kent has access to state-of-the-art services in high quality facilities, making the best possible use of the acute hospitals we have in east Kent, as well as the specialist expertise of the local health and social care workforce.

There will be three excellent hospitals in Ashford, Canterbury, and Margate. These will work together and with other services to meet people's changing needs, whether that is for emergency or ongoing treatment for the most serious illnesses and injuries, for day to day care such as outpatient appointments and day surgery, or for multifaceted, multidisciplinary support for people's lifelong health and wellbeing.

The prospect of working in highly skilled, ground-breaking teams, in high quality facilities, will attract NHS colleagues to east Kent hospitals. It will enable existing colleagues to make best use of their expertise, addressing workforce challenges and improving the clinical sustainability of our services. Most importantly, patients will receive quality care that meets their needs.

We plan to increase the number of inpatient beds in east Kent after a recent review of East Kent Hospitals' admissions data against national *Get It Right First Time*

programme (GIRFT) benchmarks concluded that there is a shortfall in general and acute beds at the trust.

To support delivery of our vision and ambition for health and care in east Kent described above, we have been developing a pre-consultation business case for the investment required to reconfigure the way we deliver some of our acute hospital services. This 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 east Kent commissioners. Extensive engagement with colleagues, patients, carers, the public and other stakeholders has guided and informed this work.

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)¹ to assess and decide to consult on the options it presents for changing acute hospital services 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. The PCBC will also allow national regulators to assess and assure our proposals for service change.

The current focus of our work to support delivery of our ambition for east Kent, and the scope of the pre-consultation business case we are developing, covers the following healthcare 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 this PCBC.

¹ 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.

2. Draft submissions

Since our last update to JHOSC, we have worked closely with NHS England/ Improvement colleagues and submitted two draft iterations of the PCBC, as per pre-COVID agreed timelines, with a view to gaining their feedback and guidance so that the final PCBC meets all of the regulator's assurance requirements and meets the deadline for consideration of capital funding as part of the government's national autumn spending review. (Members should be aware that capital allocation requirements have recently changed in that availability of capital funding must be earmarked prior to public consultation).

These submissions took place as planned on 31 March 2020 and 14 August 2020 following endorsement, of those drafts, from our provider boards, STP/ICS Partnership Board and approval from Kent and Medway CCG Governing Body.

Each draft submission contained some additional information compared with previous draft submissions. Changes included, for example, greater, more granular detail on the clinical models and early lessons learned from the COVID-19 pandemic which will likely affect the future service and estate design. For example, increases in the use of digital technology and building in flexibility to increase ITU bed capacity should it be needed for any future resurgence of the COVID-19 (or any other) pandemic.

3. Ongoing work to finalise the PCBC

We are aiming to submit the next draft of our PCBC to NHS England/ Improvement in early October 2020. Ongoing work to that point includes refreshing the draft Integrated Impact Assessment and Commercial Risk Assessment, and finalising clinical content, our financial case and consultation plans.

4. Review of the consultation plan

As JHOSC members are aware, we will be undertaking a formal public consultation on the plans for east Kent within a new context; a post-COVID landscape where many tried and trusted engagement methodologies - including face to face meetings - may be restricted or unworkable within what is being described as 'the new normal'. Part of our work over the past three months has been a thorough review and refresh of the consultation plan which was presented to and supported by JHOSC members in February 2020. We have drawn on new research, emerging thinking, and experiences from a wide range of sources to inform the plan, enabling us to respond to the uncertainties of a COVID-19 world. We have been positive in our approach, acknowledging these uncertainties but also embracing them as an opportunity to do things differently, finding new and creative ways to engage with audiences and stakeholders. Our aim is to 'COVID-proof' consultation activity, utilising a range of appropriate new technologies, methodologies and mechanisms to respond to the constraints of consulting within the 'new normal' as they emerge but ensuring we still

have effective ways to communicate, engage and consult with a wide spectrum of groups and individuals.

Our detailed consultation plan is a working document which will continue to be updated as we prepare to launch the consultation. This reflects the need to be flexible and adaptive in our approach to this consultation, particularly within the context of the COVID-19 pandemic and any potential local issues resulting from the UK's exit from the European Union.

We welcome feedback from the JHSOC on our revised consultation plan, which is attached at Appendix A to this paper.

5. Next steps

Pending final amendments, the next draft of the PCBC is on schedule to be considered by the Kent and Medway CCG Governing Body on 1 October 2020 for review and approval prior to being sent to NHS England by 6 October 2020.

The next draft will also be discussed with the following organisational boards in advance of the Kent and Medway CCG Governing Body:

- East Kent Hospitals NHS University Foundation Trust
- Kent and Medway NHS and Social Care Partnership Trust
- South East Coast NHS Ambulance Foundation Trust
- Kent Community Health NHS Foundation Trust.

Following submission of the draft PCBC in early October, we will work with NHS England in the autumn of this year through their standard assurance process for reconfiguration and service change programmes. We anticipate the PCBC being considered for national capital funding allocation in the autumn spending review.

Allocation/identification of capital will allow the PCBC to then be considered by the Kent and Medway CCG Governing Body in a decision to formally consult the public on the proposals. We anticipate the consultation starting in early February 2021. Following consultation, all the responses will be collated and independently analysed and presented in a report to the Governing Body for consideration. The business case will be refreshed, and the proposals may be refined. A final set of proposals will be presented to the Kent & Medway CCG Governing Body in a Decision-Making Business Case, with an aim for a final decision on any proposed service change by the end of 2021. Subject to the outcome of consultation, it is intended that changes to hospital services will start being made from 2023.

It should be noted that each stage of this timeline is subject to assurance processes as well as the demands and current status of the COVID-19 pandemic at any time over the coming months.

Patient, public, staff and stakeholder engagement and communication will be maintained throughout all phases of the programme and we will continue to regularly update the JHOSC on our plans and progress.

Recommendations

- JHOSC members are asked to note the progress update provided in this report.
- JHOSC members are asked to review and provide any feedback on the revised and refreshed draft public consultation plan, which has been updated to take account of COVID-19 and the new environment for engagement and consultation, attached.

Lead officer contact

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