KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

Monday, 28th November, 2016

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

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AGENDA

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

Monday, 28th November, 2016, at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Lizzy Adam**
Telephone: **03000 412775**

Tea/Coffee will be available from 9:45 am

Membership

Kent County Council	Mr M J Angell, Mr H Birkby, Mr A H T Bowles, Mr D L Brazier, Mr A H D Crowther, Mr D S Daley, Ms A Harrison and Mr G Lymer
Medway Council	Cllr T Murray, Cllr W Purdy, Cllr D Royle and Cllr D Wildey

UNRESTRICTED ITEMS

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

Item		Timings*
1.	Substitutes	
2.	Declarations of Interests by Members in items on the Agenda for this meeting	
3.	Minutes (Pages 5 - 10)	
4.	Kent and Medway Specialist Vascular Services Review (Pages 11 - 20)	10:05
5.	Kent and Medway Hyper Acute and Acute Stroke Services Review (Pages 21 - 32)	10:45

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*

John Lynch
Head of Democratic Services
03000 410466

18 November 2016

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

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 Darent Room, Sessions House, County Hall, Maidstone on Thursday, 4 August 2016.

PRESENT: Mr M J Angell (Chairman), Mr H Birkby, Mr D S Daley, Ms A Harrison, Mr G Lymer, Cllr W Purdy, Cllr D Royle and Cllr D Wildey (Vice-Chairman)

ALSO PRESENT: Mr S Inett

IN ATTENDANCE: Dr J Duke-Macrae, Mr A Scott-Clark (Director of Public Health), Mr J Pitt and Ms L Adam (Scrutiny Research Officer)

UNRESTRICTED ITEMS

15. Election of Chairman
(Item 2)

(1) RESOLVED that Mr Angell be elected as Chairman.

(2) The Chairman stated that it was with regret that he had to inform Members of the death of Mr Robert Brookbank, Chairman of the Health Overview and Scrutiny Committee and Member of the JHOSC.

(3) Mr Brazier, Miss Harrison, Mr Daley, Mr Birkby and Patricia Davies paid tribute to Mr Brookbank. At the end of the tributes all Members stood in silence in memory of Mr Brookbank.

(4) RESOLVED that the Committee records the sense of loss it feels on the sad passing of Mr Brookbank and extends to his family and friends our heartfelt sympathy to them in their sad bereavement.

16. Election of Vice-Chairman
(Item 3)

(1) RESOLVED that Cllr Wildey be elected as Vice-Chairman.

17. Membership
(Item 1)

(1) Members of the Kent and Medway NHS Joint Overview and Scrutiny Committee noted the following changes to the membership of the Committee:

(a) Cllr Wildey replaced Cllr Clarke as a Medway Member;

(b) Mr Brazier filled the Kent Member vacancy.

18. Minutes
(Item 6)

(1) RESOLVED that the Minutes of the meeting held on 29 April 2016 are correctly recorded and that they be signed by the Chairman.

19. Kent and Medway Hyper Acute and Acute Stroke Services Review
(Item 7)

Oena Windibank (Programme Director, Kent and Medway Hyper Acute and Acute Stroke Services Review), Jackie Huddleston (Joint Associate Director South East Clinical Networks & Clinical Senate, NHS England - South (South East)), Patricia Davies (Accountable Officer, NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG) and Lorraine Denoris (Public Affairs and Strategic Communications Adviser, NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG) were in attendance.

(1) The Chairman welcomed the guests to the Committee. Ms Davies began by outlining the background to the review. She explained that the seven sites currently providing stroke services in Kent and Medway were not consistently meeting national standards including the provision of a seven day service. She noted that a designated centralised 24/7 stroke unit with a multi-disciplinary specialist team was the most important element for stroke recovery. She reported that for the size of Kent and Medway's population, 1.8 million, stroke care could be centralised into one or two units; however due its geography, demography and variations in deprivation one or two units would not be able to meet the recommended 120 minute call to needle standard for thrombolysis. She highlighted that only the three and four site model options had been taken forward by Review Programme Board due to workforce and travel considerations.

(2) Ms Windibank explained that since the last JHOSC meeting on 29 April, the five site option had been removed by the Review Programme Board as it was highly unlikely to be staffed to a level where a 24/7 consultant led service was deliverable. The Board was now carrying out further detailed work for three and four site models including critical co-dependencies, workforce and travel times.

(3) Ms Huddleston noted that patient outcome was the main focus of the review in Kent and Medway; she reported that the centralisation of stroke services in London had a significant impact on patient outcome. She stated that the South East Coast Clinical Senate had started to look at critical co-dependencies for stroke services in an acute setting which included access to CT and MRI scanning, acute medical rota and 'hot' emergency department to accept patients. She noted that the critical co-dependencies for other services such as critical care and vascular varied; a report by the South East Coast Clinical Senate into clinical co-dependencies of acute hospital services was used by other stroke reviews.

(4) Ms Davies stated that the Review Programme Board was working with clinicians including Professor Tony Rudd, the national clinical director for stroke; there was agreement that a 24/7 stroke service could not be provided

across seven sites. She noted the length of time to train specialised stroke nurses and consultants and the requirement for seven Whole Time Equivalent (WTE) consultants per site to be compliant. She highlighted that there would be further engagement with the public around three and four site models. She explained that stroke units would need to sit with co-dependent services in 'hot' sites; the location of the sites would be determined as part of the consultation for the Kent and Medway Sustainability and Transformation Plan (STP).

(5) The Chairman invited representatives from Public Health in Kent and Medway to comment. Mr Scott-Clark noted the importance of prevention and rehabilitation; ambulance conveyances; and the delivery of the new model of care without variation. Dr Duke-Macrae stated the importance of prevention, including the risk factors which caused strokes, and the provision of services in the community for patients once discharged form an acute setting.

(6) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member enquired about the travel times for three site combinations in Appendix One. Ms Windibank explained that the appendix used SECAmb data to show the travel times for all potential three site combinations in Kent and Medway. The included the maximum travel time, the number of people who would not reach a site within the target of 95% of patients achieving a 45 minute travel time, the number of people aged over 75 and the number of strokes which would take place outside of the 45 minute target. She noted that the maximum travel time took into account peak travel times and roads; ambulance conveyances could reduce the maximum travel time by 10%; and not all the options in Appendix One were being considered. She reported that the Review Programme Board was now looking at potential sites and aligning them with activity at acute hospitals using qualitative data from SECAmb; the delivery of the new model was likely to be a phased approach with four sites in the interim.

(7) In response to a specific question about access to services, Ms Windibank explained that the 45 minute target was from the time the ambulance left the patient's home to arrival at hospital; and the 120 minute target was from the initial call to the ambulance service or where the patient first accessed the service to the point of treatment. Ms Huddleston noted that only 20% of stroke patients are eligible for thrombolysis which needed to be delivered within the 120 minute call to needle standard; it was currently only administered to 10-15% of patients across the South East region. She stated that there was a tight eligibility criteria for thrombolysis and could only be administered after an MRI scan; there was very limited impact if it was not identified within the timeframe. She reported that she and Dr Hargroves were meeting with SECAmb to discuss rapid assessment by ambulance crew in detecting stroke symptoms.

(8) A Member enquired about workforce planning. Ms Windibank reported that work had been undertaken with the Trusts to look at travel times from patient, family and staff perspectives. She stated that clinicians wanted to deliver a good service and were not able to provide this at present. She noted that when services were not perceived as good, it impacted on staff morale. She highlighted that staff wanted to work in centres of excellence which improved recruitment and retention. Ms Huddleston explained that a comprehensive

workforce plan which included education and training had been developed with Health Education England.

(9) A number of comments were made about the number of strokes in Kent and Medway, GP involvement and the financial modelling. Ms Windibank explained that there were 2500 strokes a year with approximately one to two strokes a day and 300 – 400 strokes annually at each Trust. Activity modelling had confirmed that 35% of patients brought to hospital by ambulance with stroke symptoms would not have had a stroke: 25% would have had a stroke mimic and 10% would have had a TIA. She noted that GP were involved in prevention, early supported discharge and rehabilitation services as part of a multidisciplinary team. Ms Davies explained that the review was looking to deliver a new model of care for stroke which was designed to achieve the national standards, meet best practice and provide consistent care. She recognised that there would be a cost to implement the new model but stated there would be a significant benefit for patients and health & social care services. She noted that the review needed to align to the STP which was looking to review the location of acute services and enhance out of hospital and primary care services.

(10) A number of questions were asked about growth areas, diagnostic scans and public engagement & consultation. Ms Davies explained that cross border patient activity and growth had been taken into consideration as part of the modelling. Ms Huddleston stated that there was a target for all stroke patients to be scanned using a CT scanner within an hour of arrival which was being met by the majority of the stroke units; it was dependent on CT scanners and radiographer availability. She noted that there was a national shortage of stroke consultants; consolidation provided opportunities to combine neurology and stroke consultants and provide British Association of Stroke Physicians training to general physicians. She explained that a consultant recruitment campaign would be part of the workforce plan. Ms Denoris reported that there would be further public engagement about three and four site model options. She stated that if the stroke review was to align to the STP process, there would be a formal public consultation which would include a number of formats including leaflets, surveys and face-to-face events. She confirmed that there would be a public engagement event held in Medway.

(11) The Chairman invited Steve Inett to speak. Mr Inett explained that Healthwatch Kent was part of Review Programme Board and had attended the public engagement events. He noted that the public had been brought on a journey and their understanding had been developed through the events and were able to assist with the decision making. He stated the importance of Healthwatch becoming involved in the STP particularly if the stroke review was going to integrate into that process. Ms Davies confirmed that the stroke review was aligned to the STP but needed to move forward as soon as possible; it was important for stroke units to be linked with co-dependent sites. She explained that patients and independent members of the public who attended engagement events wanted to the planned improvements stroke services to be implemented quickly.

(12) RESOLVED that:

(a) the Kent and Medway Stroke Review Programme Board be requested to take note of the Committee's comments and take them into account including:

(i) the provision of care for patients once discharged from an acute setting;

(ii) workforce planning to include contingency if staff are not prepared to move to consolidated units;

(iii) to clearly set out the case for consolidation as part of the public consultation;

(b) the Kent and Medway Stroke Review Programme Board be requested to submit a draft copy of the public consultation document to enable the Committee to provide comments prior to public consultation;

(c) the Kent and Medway Stroke Review Programme Board to present the final options to the Committee prior to public consultation.

20. Kent and Medway Specialist Vascular Services Review
(Item 8)

Oena Windibank (Programme Director, Kent and Medway Hyper Acute and Acute Stroke Services Review), Patricia Davies (Accountable Officer, NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG) and Lorraine Denoris (Public Affairs and Strategic Communications Adviser, NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG) were in attendance.

(1) The Chairman began by asking if there were any areas of challenge for the vascular review. Ms Windibank explained that a comprehensive review had been undertaken and a detailed plan had been established for vascular services. She noted that it was challenging to fit the review into the wider Sustainability and Transformation Plan (STP) process particularly to move the review forwards whilst the clinical co-dependencies in the STP were being determined. She stated that since the last JHOSC on 29 April, a collaboration between East Kent Hospitals University NHS Foundation Trust and Medway NHS Foundation Trust had been confirmed to provide a network approach with a single inpatient hub and local spokes for diagnostic and outpatient care.

(2) Ms Windibank noted that there was a requirement to review the delivery of vascular care. Prior to the implementation of the Vascular Society's clinical best practice guidance, outcomes for patients were poor. Since the implementation of the guidance, mortality rates had reduced from 11-13% to the internationally expected levels of 3-5%. She explained in Kent and Medway inpatient vascular surgery took place on two sites and there were concerns about the sustainability of those services as there were inadequate or borderline numbers of the main procedures being undertaken and inadequate numbers of specialist staffing in particular consultant surgeons.

(3) Ms Windibank explained that the procurement exercise had identified one provider, the collaboration between the two trusts. With both the Trusts, NHS England was planning a series of public engagement events about delivery of

the new model in late summer and early autumn; it was also looking to align the review with the STP process. She proposed that an update be presented to the JHOSC after public engagement events to enable both Trusts to talk through their proposals for the collaborative model.

(4) Members of the Committee made comments about prevention, rehabilitation and care in the community. Ms Windibank explained that whilst immediate post-operative care would take place in the specialist inpatient hub; it was important to put in place rehabilitative support for patients in their own homes particularly for those who had amputations.

(5) Ms Davies stated that from the CCGs perspective, they were keen to have a resolution as the current service was not meeting national standards. She noted that there had been a transformation, in the two trusts coming together, to deliver the new best practice model; the collaboration was a real strength and success.

(6) RESOLVED that:

(a) NHS England South (South East) be requested to note the comments about prevention, rehabilitation and care in the community;

(b) NHS England South (South East) be requested to present an update to the Committee after the public engagement events.

Item 4: Kent and Medway Specialist Vascular Services Review

By: Lizzy Adam, Scrutiny Research Officer to the Kent Health Overview and Scrutiny Committee

To: Kent and Medway NHS Joint Overview and Scrutiny Committee, 28 November 2016

Subject: Kent and Medway Specialist Vascular Services Review

Summary: This report invites the Kent and Medway NHS Joint Overview and Scrutiny Committee to consider the information provided by NHS England South (South East).

It provides additional background information which may prove useful to Members.

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1. Introduction

(1) 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 ("responsible persons") to consult a local authority about any proposal which they have under consideration for a substantial development of 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.

(2) On 11 August 2015 the Medway Health and Adult Social Care Overview and Scrutiny Committee considered the Kent and Medway Specialist Vascular Services Review. The Committee's deliberations resulted in agreeing the following recommendation:

- *The Committee agreed that the reconfiguration of vascular services constituted a substantial variation and noted the arrangements in place for Kent Health Scrutiny Committee to be consulted which may necessitate the need for a Joint Health Scrutiny Committee to be established.*

(3) On 17 July and 9 October 2015 the Kent Health Overview and Scrutiny Committee considered the Kent and Medway Specialist Vascular Services Review. The Committee's deliberations on 9 October resulted in agreeing the following recommendation:

- *RESOLVED that:*

  (a) the Committee deems the proposals to be a substantial variation of service.

  (b) a Joint HOSC be established with Medway Council, with the Kent HOSC receiving updates on the work of the Joint Committee.

(4) Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 states that where relevant NHS bodies and health service consults more than one local authority on any proposal which they have under consideration for a substantial development of 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 and only 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.

(5) The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. A decision on whether to make a report to the Secretary of State would be a matter for the Kent County Council Health Overview and Scrutiny Committee and/or the Medway Council Health and Adult Social Care Overview and Scrutiny Committee to make rather than the JHOSC.

(6) The Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC) was therefore convened and has met on 8 January, 29 April and 4 August 2016 for the purpose of the consultation on the Kent and Medway Hyper Acute and Acute Stroke Services Review. On 4 August 2016 the Committee's deliberations resulted in the following agreement:

- *RESOLVED that:*

  (a) NHS England South (South East) be requested to note the comments about prevention, rehabilitation and care in the community;

  (b) NHS England South (South East) be requested to present an update to the Committee after the public engagement events.

2. Legal Implications

(1) The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 govern the local authority health scrutiny function. The provisions in the regulations relating to proposals for substantial health service developments or variations are set out in the body of this report.

3. Financial Implications

(1) There are no direct financial implications arising from this report.

4. Recommendation

The Joint Committee is invited to:

i) Consider and comment on the process to date;

ii) Refer any relevant comments to the Vascular Review Programme Board and request that they be taken into account;

iii) Invite Vascular Review Programme Board to present the final model and key recommendations to the Committee prior to approval by NHS England Specialist Commissioning.

Background Documents

Kent County Council (2015) *'Health Overview and Scrutiny Committee (17/07/2015)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5841&Ver=4

Kent County Council (2015) *'Health Overview and Scrutiny Committee (04/09/2015)'*, https://democracy.kent.gov.uk/mgAi.aspx?ID=32939

Medway Council (2015) '*Health and Adult Social Care Overview and Scrutiny Committee (11/08/2015)*', http://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=3255&Ver=4

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (08/01/2016)*', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=6314&Ver=4

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (29/04/2016)*', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=6357&Ver=4

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (04/08/2016)*', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=7405&Ver=4

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Paper presented to:	Kent and Medway Joint Health Overview and Scrutiny Committee
Paper subject:	Briefing report; Kent and Medway Vascular services Review.
Date:	28.11.2016
Prepared by:	Oena Windibank; Programme Director, Kent and Medway Vascular Review. Carmen Dawe; Assistant Director, EKHUFT on behalf of the Kent and Medway Vascular Clinical Network
Senior Responsible Officer:	James Thallon; Medical Director NHS England South East
Purpose of Paper:	To update the JHOSC on the progress of the Vascular review

Kent and Medway Vascular Services Review

1. Introduction

1.1. This paper provides an update to the committee on progress of the Kent and Medway Vascular review.

1.2. The Review was commenced in December 2014 following recognition that the current services provided by East Kent Hospitals University NHS Foundation Trust (EKHUFT) and Medway NHS Foundation Trust (MFT) did not meet the national specification or the best practice guidance from the Vascular Society. The review has reported to the JHOSC on a number of occasions, the latest being in August 2016 to update on progress.

2. Summary of the background and progress to date.

The Case for Change

2.1. The Case for Change demonstrates the key components of the national specification and the national clinical recommended practice from the Vascular Society. These make a clear evidence based case for improving outcomes for patients and the delivery of the specification criteria and the guidance has seen a considerable improvement in patient outcomes.

2.2. This is particularly relevant with regard to improving the mortality rates for abdominal aneurysm repair. Following the delivery of the specification in 2013 these have improved dramatically from 8% to 1.5%.

2.3. The clinical evidence shows:

a. That where there are high volumes of vascular procedures being undertaken the outcomes are better for patients;
b. That vascular care must be available 24/7;
c. That the care must be delivered by skilled specialists; and
d. That the assessment to surgery time is important and that this improves when working in a network model with adequate staffing levels.

2.4. Kent and Medway residents receive their vascular care from three main providers: EKHUFT, MFT and Guys and St. Thomas' NHS Foundation Trust. Neither EKHUFT nor MFT meet the national specification.

2.5. The key areas of non-compliance are:
   a. Inadequate population volumes to generate adequate levels of activity;
   b. Inadequate or borderline numbers of the main procedures being undertaken;
   c. Inadequate numbers of specialist staff, in particular consultant surgeons and interventional radiologists;
   d. There are concerns relating to the specialist facilities available.

2.6. There are also concerns across the services with regards to sustainability due in particular to the low workforce numbers and the challenges faced in recruitment.

2.7. The Kent and Medway Vascular Review case for change made the following recommendations:
   a. To recognise that there is a case for change if services in Kent and Medway are to comply with the national specification and clinical best practice guidance, ensuring both quality and service sustainability of vascular services;
   b. To undertake an options appraisal process to address the case for change;
   c. To develop and agree the preferred solution that addresses the case for change.

Options appraisal

2.8. The options appraisal tested each option against a set of criteria from the national specification and the Vascular Society Provision of Vascular Services.

These included:
   a. Minimum population volumes;
   b. Minimum procedures numbers undertaken;
   c. Minimum staffing numbers for consultant surgeons and interventional radiologists;
   d. Specialist facilities including dedicated hybrid theatres and wards;
   e. Targets for key outcomes measures; and
   f. To work within a network, using a hub (in-patent unit) and spoke (outpatient and diagnostic units) delivery model.

2.9. The ability to meet the aforementioned criteria and the quality and safety issues of each option was reviewed within the context of:
   a. Delivering a safe sustainable staffing rota and availability;
   b. Travel times;
   c. Essential co-dependencies; and
   d. Current activity and possible impact of future population growth.

2.10. The Vascular Review Programme Board accepted the recommendation of its Clinical Reference Group to proceed with a network model with a single Kent and Medway arterial centre supported by non-arterial centres. This would include an enhanced service at one of these sites.

2.11. Following the recommendation to the Vascular Review Programme Board an early procurement process identified a single proposal for delivering the recommendation. This is collaboration between EKHUFT and MFT.

2.12. The review has presented to the committee on a number of occasions and presented to the April committee the recommendation of the network model with a single in-patient centre in Kent and Medway.

Engagement process:

2.13. The engagement process commenced with a number of listening events across Kent and Medway where key priorities were identified. These included:

a. The ability to make choices;
b. To have good information and communication available;
c. To have the right staff available 24/7, with speedy access in an emergency and smooth access to elective care; and
d. The importance of early recognition of vascular disease and a network approach that could improve this was seen as positive**.**

2.14. Having access to a specialist vascular team or centre was noted as the most important priority. Having good access to such a service in Kent and Medway was seen as vital by the participants.

2.15. A further deliberative event took place in February 2016 where a detailed conversation took place between members of the public, patients and clinicians on the emerging recommendation. The key messages from the event were:

a. A specialist 24/7 service is vitally important and must remain in Kent and Medway;
b. The ability to keep out patient care close to home is important and needs to ensure that the out of hospital support is timely especially after surgery;
c. A recognition that some patients would have to travel further for inpatient care but this was acceptable in order to get safe and high quality care and the best outcomes;
d. Additional travel times for relatives were a concern and the attendees suggested a number of initiatives that could reduce the impact of this. This included Skype and support with travel; and
e. Providing adequate support to relatives and carers is key particularly pre- and post-surgery.

2.16. The review has planned further engagement events for the vascular community to describe the recommendation and proposed network arrangement between EKHUFT and MFT.

2.17. The events will seek to ensure that the journey is clear and transparent and that there are opportunities to question and challenge the network in particular the Clinical Leads. These events will be held in January/February 2017 in order for the Network to develop a range of options to be discussed and for due consideration to be given to both the final model and the transitional arrangements proposed.

2.18. The feedback from these events will inform the final business case to be considered by the Vascular Programme Board and NHS England specialist commissioning.

2.19. As advised in the August JHOSC paper, the NHS England Assurance process recommended that change of this nature would not require formal public consultation however engagement and dialogue on the model of care is essential. The planned engagement events will test the business case proposals, the feedback will be fed into the wider STP process.

3. Development of the recommendation and model of care

3.1. The Chief Executive Officers at EKHUFT and MFT have worked together to agree the Kent and Medway Vascular Clinical Network arrangements. This formal collaboration has agreed the development of the network through a Network Board with a number of key work streams addressing the development of the model, the patient pathways, governance arrangements and transitional arrangements to be put in place.

3.2. The network solution is being developed in accordance with the national specification and Vascular Society guidance. This clearly describes the network model with a single arterial centre supported by non-arterial units.

3.3. The model will operate as a network across Kent and Medway with a single arterial centre and a more diverse multi-site model for non-arterial centres. One of the non-arterial centres would also become an enhanced non-arterial centre and other hospitals in Kent and Medway could contribute to the network solution as non-enhanced non-arterial centres mainly providing outpatient services for the local consideration of population.

3.4. The development of the model will work alongside the STP development and consultation process to determine the final sites for the arterial centre.

3.5. This proposal will meet the criteria described above in the options appraisal including the issues of travel times and co-dependencies.

3.6. The Trusts have formed the Kent and Medway Vascular Clinical Network Board, which was established in mid-September and is chaired by the Clinical Lead for the Network. The Network comprises of core members with equal representation in terms of role and numbers from both EKHUFT and MFT. Representation from Maidstone and Tunbridge Wells NHS Trust (MTW) will also be included.

3.7. The Board will also co-opt members as appropriate and will ensure that the network establishes and maintains robust communication channels with its key stakeholders.

3.8. The network has undertaken a recruitment process and appointed a Clinical Lead and Deputy Clinical Lead from within the two organisations. The network will also recruit a dedicated Network Manager.

3.9. The Clinical Lead will specifically be responsible for leading the process for developing and implementing the strategic vision for the network and will provide clinical leadership for the implementation of the local network plan. The Deputy Clinical Lead will support this work and will be responsible for identifying and implementing a robust clinical governance structure across the network which feeds into the overall Network Governance Framework.

3.10. Central to their role will be to ensure that high quality and sustainable specialist vascular services are delivered through the network, creating a centre of excellence for all Kent and Medway residents.

3.11. The Network Governance Framework describes the purpose, role, key objectives, working relationships and accountability of the Network Board.

4. Network Work Plan

4.1. The network will be supported by a number of work streams that will work to terms of reference approved by the Network Board. The work of the network will be underpinned by the public and patient feedback to date, subsequent events and ongoing dialogue.

4.2. The Chair of each of the work streams together with the Programme Manager will be expected to report formally to the Network Board on progress against plan. The current work streams include:

a. Clinical model and pathways;
b. Clinical governance;
c. Finance
d. Information governance and information technology; and
e. Interventional radiology (whilst a key focus is on vascular IR, this work stream will also identify any impact on the non-vascular IR service).

4.3. The development of the model and business case is clinically-led with the clinicians at EKHUFT and MFT working together to identify the delivery model, clearly illustrating the pathways for patients across the network and the key interdependencies.

4.4. This will include:

a. Clear transfer protocols;
b. Pathways that maximise the opportunities for local care;
c. New ways of working across a network, including where appropriate the use of information technology;
d. Supporting patients and their families with clear and consistent messages; and
e. Working with other networks in particular the diabetes network to improve the care of vascular patients and maximise opportunities for early intervention in cases of peripheral vascular disease.

5. Approval of the Network Model

5.1. The Network will provide a business case to the Vascular Review Programme Board for consideration early 2017. This will describe the networks approach to delivering the requirements of the Vascular Society guidance and the national specification. It will evidence how it mitigates against any risk including addressing the needs of high-risk communities and patients through quality and equality impact assessment.

5.2. This model will identify how it has taken account of the feedback from public and patients including local access to the service and communication with patients and their families. The model will be developed to reflect the key recommendations of the Clinical Senate report and in particular the critical clinical co-dependencies.

5.3. The business case will be required to articulate the final model and the transitional arrangements.

5.4. The approval of the business case will be undertaken by NHS England Specialist Commissioning. The proposals within the business case will align to the wider STP.

5.5. It is proposed that the final model and key recommendations within the business case are presented to the JHOSC early/mid 2017. This will subject to the statutory purdah requirements.

6. Next Steps:

6.1. Continued development of the Network Board.

6.2 Development of the clinical modeling to identify the patient pathways and transitional arrangements.

6.3 Engagement events to test the emerging model, transitional arrangements and business case recommendations.

6.4. Consideration and approval of the business case at the Vascular Review Programme Board prior to consideration by NHS England Specialist Commissioning.

6.5. Alignment to the acute work stream of the Kent and Medway STP.

7. Timeline

- Engagement events — January/February 2017
- Draft business case to the Vascular Programme Board and subsequently to NHS England Specialist Commissioning — Spring 2017
- Alignment to the STP consultation — June 2017
- Timing of the presentation to the Kent and Medway JHOSC subject to the STP consultation and purdah requirements

Item 5: Kent and Medway Hyper Acute and Acute Stroke Services Review

By: Lizzy Adam, Scrutiny Research Officer to the Kent Health Overview and Scrutiny Committee

To: Kent and Medway NHS Joint Overview and Scrutiny Committee, 28 November 2016

Subject: Kent and Medway Hyper Acute and Acute Stroke Services Review

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

It provides additional background information which may prove useful to Members.

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1. Introduction

(1) 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 ("responsible persons") to consult a local authority about any proposal which they have under consideration for a substantial development of 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.

(2) On 11 August 2015 the Medway Health and Adult Social Care Overview and Scrutiny Committee considered the Kent and Medway Hyper Acute and Acute Stroke Services Review. The Committee's deliberations resulted in agreeing the following recommendation:

- *The Committee agreed that the reconfiguration of hyper acute/acute stroke services constituted a substantial variation and noted the arrangements in place for Kent Health Scrutiny Committee to be consulted which may necessitate the need for a Joint Health Scrutiny Committee to be established.*

(3) On 17 July and 4 September 2015 the Kent Health Overview and Scrutiny Committee considered the Kent and Medway Hyper Acute and Acute Stroke Services Review. The Committee's deliberations on 4 September 2015 resulted in agreeing the following recommendation:

- *RESOLVED that:*

  (a) the Committee deems the stroke proposals to be a substantial variation of service.

  (b) a Joint HOSC be established with Medway Council, with the Kent HOSC receiving updates on the work of the Joint Committee.

(4) Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 states that where relevant NHS bodies and health service providers consults more than one local authority on any proposal which they have under consideration for a substantial development of 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 and only 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.

(5) The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. A decision on whether to make a report to the Secretary of State would be a matter for the Kent County Council Health Overview and Scrutiny Committee and/or the Medway Council Health and Adult Social Care Overview and Scrutiny Committee to make rather than the JHOSC.

(6) The Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC) was therefore convened and has met on 8 January, 29 April and 4 August 2016 for the purpose of the consultation on the Kent and Medway Hyper Acute and Acute Stroke Services Review. On 4 August 2016 the Committee's deliberations resulted in the following agreement:

- *RESOLVED that:*

(a) the Kent and Medway Stroke Review Programme Board be requested to take note of the Committee's comments and take them into account including:

(i) the provision of care for patients once discharged from an acute setting;

(ii) workforce planning to include contingency if staff are not prepared to move to consolidated units;

(iii) to clearly set out the case for consolidation as part of the public consultation;

(b) the Kent and Medway Stroke Review Programme Board be requested to submit a draft copy of the public consultation document to enable the Committee to provide comments prior to public consultation;

(c) the Kent and Medway Stroke Review Programme Board to present the final options to the Committee prior to public consultation.

(7) The Kent and Medway CCGS held a further four engagement events, in addition to the three People's Panels held in November and December 2015, for this review: Mr Angell attended as an observer on 27 September at the Mid & West Kent event in Maidstone and Cllr Wildey attended as an observer on 18 October at the North Kent and Medway event in Gillingham.

2. Legal Implications

(a) The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 govern the local authority health scrutiny function. The provisions in the regulations relating to proposals for substantial health service developments or variations are set out in the body of this report.

3. Financial Implications

(a) There are no direct financial implications arising from this report.

4. Recommendation

The Joint Committee is invited to:

i) Consider and comment on the progress to date;

ii) Refer any relevant comments to the Review Programme Board and request that they be taken into account;

iii) Invite Kent and Medway CCGs to present the final options to the Committee prior to public consultation.

Background Documents

Kent County Council (2015) *'Health Overview and Scrutiny Committee (17/07/2015)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5841&Ver=4

Kent County Council (2015) *'Health Overview and Scrutiny Committee (04/09/2015)'*, https://democracy.kent.gov.uk/mgAi.aspx?ID=32939

Medway Council (2015) '*Health and Adult Social Care Overview and Scrutiny Committee (11/08/2015)*', http://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=3255&Ver=4

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (08/01/2016)*',

https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=6314&Ver=4

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (29/04/2016)*', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=6357&Ver=4

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (04/08/2016)*', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=7405&Ver=4

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Paper presented to:	Kent and Medway Joint Health Overview and Scrutiny Committee
Paper subject:	Kent and Medway Hyper Acute/Acute Stroke Services Review.
Date:	28 November 2016
Presented by:	Patricia Davies; Accountable Officer, NHS Dartford, Gravesham and Swanley (DGS) and NHS Swale CCGs Oena Windibank; Programme Director, Kent and Medway Stroke Review. Lorraine Denoris; Public Affairs and Strategic Communications Adviser, DGS CCG
Senior Responsible Officer:	Patricia Davies; Accountable Officer, NHS Dartford, Gravesham and Swanley and NHS Swale CCGs
Purpose of Paper:	To update the JHOSC on the progress of the Kent and Medway Stroke Hyper-Acute/Acute Review; to consult on the emerging options and next steps.

Kent and Medway Joint Health Overview and Scrutiny Committee briefing

November 2016

Kent and Medway Stroke Services Review

1.0 Introduction

This paper updates the Kent and Medway Joint Health Overview and Scrutiny Committee (JHOSC) on progress to date on the Kent and Medway Stroke Review, including feedback on the series of engagement events through September and October.

The Stroke Review Programme Board is due to meet on 24 November 2016 and will discuss the business case, which considers activity modelling and possible recommendations for consultation.

An update from this Board will be provided prior to the JHOSC meeting on 28 November 2016.

2.0 Summary of the work to date

The Kent and Medway Stroke Review started in December 2014. The aim of the review is to identify the right long-term model of quality hyper acute /acute stroke care across Kent and Medway.

This is in response to concerns about performance, sustainability – in particular the sustainability of the workforce - and access to specialist services across seven days.

The key outcome for the review is to ensure that there is a specialist, consultant-led, sustainable stroke service for all Kent and Medway residents, which delivers high-quality care and improved patient outcomes. This may result in some patients and relatives travelling further in order to receive care that will deliver the required clinical outcomes in the first 72 hours following a suspected stroke.

Improved outcomes during this period, should reduce the number of patients who die, minimise the long-term impacts of a stroke and should increase a patient's ability to achieve personal independence.

The clinical standards address the needs of all stroke patients including the 20 per cent who may be eligible for thrombolysis through the delivery of a specialist and focused seven-day service.

The Case for Change was developed over a period of several months with clinical, public, patient and stakeholder engagement. The Programme Board membership has represented the Kent and Medway CCGs, the clinical reference group, SECAmb, Healthwatch, the Stroke Association and Public Health (who represented the Local authority) and a patient representative. The Case for Change reflects the national guidance and clinical best practice for stroke services, and builds on learning from stroke reviews across the country, including work across Surrey and Sussex.

The review has had the overview and support of the national clinical lead and the NHS England Cardiovascular Network.

The Case for Change established that achievement of the required clinical standards, the delivery of a sustainable service and access across seven days was not possible within the existing model and configuration of services.

There is a clear recognition that the lack of specialist workforce is a key limiting factor and assessment demonstrates a considerable gap, reflecting workforce challenges faced not just locally but also regionally and nationally.

All seven acute hospital sites in Kent and Medway currently provide stroke care. Each site struggles with consistent staffing levels and there are considerable gaps, particularly of specialist stroke consultants. The units

have worked hard to improve service delivery and there are some examples of good practice, however this has been difficult to sustain and performance is variable both across and within units. This variance has been clearly reflected in the experiences of many stroke patients and their families.

The review has undertaken an 'options appraisal process' using criteria that reflect national best practice and which were agreed through the Kent and Medway Stroke Review Clinical Reference Group and the Stroke Review Programme Board.

These criteria include:

- provision of a specialist service across seven days
- adequate numbers and specialist skills/workforce to deliver the service
- achievement of the key therapeutic assessments and interventions
- travel times that enable patients to reach a specialist unit within the therapeutic timeframes
- critical co-dependencies; in particular rapid access to imaging and pathology services
- adequate activity volumes to achieve and maintain clinical skills.

Detailed modelling has been undertaken to consider workforce, travel times, activity, finances and impact on vulnerable and at-risk communities. This has included public health analysis of future stroke incidence. The 'options appraisal process' demonstrates that a three-site model is the optimum for delivering sustainable hyper-acute/acute stroke services. There are a number of three-site configurations that deliver the required travel times and provide equitable access across Kent and Medway.
Further modeling work on travel times has considered both peak and interpeak travel times and the public transport travel times across Kent and Medway in relation to the possible site options.

An 18-month engagement programme has been undertaken with support from the Stroke Association and Healthwatch Kent and Medway. This has been an iterative process commencing with a series of listening events and then, more detailed deliberative and questioning events. The feedback and findings of these have been fed into the review process.

Key features of the feedback include:

- recognition of the current pressures and position, and a need to change the model to ensure sustainability of stroke services
- the importance of having a skilled workforce and seven-day access to the service
- concerns have been raised in relation to travel times, with concerns mainly relating to travel times for relatives
- concerns have been raised about the out-of-hospital and rehabilitation pathways.

3.0 Current position

The review options appraisal identified and reported to the August JHOSC that modelling work was to continue on a four-site and three-site models. These findings will be presented to the Kent and Medway Stroke Review Programme Board on 24 November 2016.

** An update from this meeting will be provided to committee members at the JHOSC meeting on 28 November 2016.

The work of the review continues in partnership with providers to consider the rehabilitation and out-of-hospital requirements and this work will progress within the context of the individual options.

4.0 Summary of September/October engagement events

Engagement with a variety of stakeholders continued throughout September and October 2016. Participants included stroke survivors, family members, carers and members of the public who had been involved in previous engagement activities.

This stage of the engagement programme comprised four events held in key areas in Kent and Medway, and was designed to update participants on the detailed work that had taken place since previous engagement events and to explore any outstanding issues people may have. A total of 69 people attended these focused events from across Kent and Medway.

In addition to this, the Programme Director was also invited to a stroke survivors group in Swale to discuss the review with 30 stroke survivors and family carers.

The events focused on two facilitated conversations, held by a panel comprising the Programme Director, the Chair of the Clinical Reference Group (a stroke consultant) and members of the Stroke Review Programme Board. The patient voice was championed by the Chief Executive of Healthwatch Kent and the Stroke Association Area Manager, who raised questions and areas of concern for the panel to address whilst the participants observed. JHOSC members have been engaged throughout the process and members of the committee have attended a number of the engagement events.

The participants were then able to reflect on the discussions and identify issues, concerns and questions together, and raise these directly with the panel members.

The feedback from the four events and the discussion with Swale stroke survivors group raised a range of issues and questions covering the following areas:

- funding of the new models

- issues relating to sites; how would future sites be decided, what impact would the model have on existing hospitals, what additional resources would be given to the new sites?
- workforce, in particular concerns regarding staffing levels, the need for adequate specialist staff and supporting staff through the changes
- travel times, including concerns over travel at busy times and the ability of relatives to travel long distances, especially by public transport
- the impact on the ambulance service
- ensuring that the quality of care is carefully monitored
- the need for and availability of, good aftercare and out-of-hospital care, including rehabilitation services
- the need to improve discharge processes
- the need to link to wider strategic plans.

This feedback will be used to:

- create a detailed set of questions and answers that will be shared with participants and published on CCG websites
- update Kent and Medway Joint Health Overview and Scrutiny Committee on the engagement process
- inform the next stage of development of the potential options to be presented to the eight Kent and Medway clinical commissioning groups.

5.0 Next steps

On 28 November, the Stroke Review Programme Board will receive a business case for consideration. This includes the findings of further modelling, including activity and travel times the feedback from the recent engagement events and recommendations for next steps and possible options for the right long-term model of quality hyper-acute /acute stroke care across Kent and Medway.

The Board will consider the possible options to test if these require further analysis.

The detailed modelling on the recommendations is being shared with providers to establish their capacity to deliver a new model. This will include consideration of the impact of changes in activity on the operations of the hospital, the needs of their staff, the key co-dependencies required and the out-of-hospital care required and any gaps.
The providers will be required to identify a workforce plan that illustrates their plans to meet the required skills across the service. This will include supporting staff through the implementation process, identification and development of new roles ,evidence of a competency framework across the patient pathway from acute admission to discharge and a training programme to support the development of key skills.

Work is underway to confirm the rehabilitation pathways in line with the emerging options, this includes both acute and community rehabilitation services.
Wider discussions have started with regard to out of hospital care with social services to identify the impact of any changes and current gaps in the pathway.
The current rehabilitation and out of hospital services vary across Kent and Medway and recommendations will be made to individual CCGs and Local Authorities with regard to services required going forward. This will also align to the wider STP discussions on integrated Local Care.

The recommendations will consider the possible site configurations and these will be aligned through the Kent and Medway Health and Social Care Sustainability and Transformation Plan (STP) process to the work being undertaken by the STP on hospital care. The STP will also consider the impact of the potential loss of the stroke service on a hospital and the interdependencies of stroke services with other clinical service areas, which may have further interdependencies.

The final recommendations from the Programme Board will be presented to the eight clinical commissioning groups in Kent and Medway for decision about whether to proceed with these recommendations to consultation.

**An update on the findings of the Stroke Review Programme Board will be provided to the committee prior to the meeting.

6.0 Revised summary timeline

Key Action	**By who**	**During and by when**
Long list to short list of options.	Stroke Review Programme Board	December 2015 Completed
Red flag criteria appraisal.	Stroke Review Programme Board	March 2016 Completed
Challenge session to review findings and agree next steps.	Stroke Review Programme Board	March 2016 Completed
Initial provider capacity assessment.	Provider chief executives, Accountable Officers and Stroke Review Programme Board	Revised to continue post detailed modeling; Dec 2016 /Jan 2017
Geographic configurations identified and appraised in relation to bed numbers and travel.	Stroke Review Programme Board alongside discussions with provider chief executives	May/June 2016

Align to the STP developments.	STP Board	July/August 2016 Continue through the process into 2017
Clinical delivery model developed through clinical engagement. Bed modelling to be confirmed. Wider clinical workshop. To consider key clinical risks identified. Possible implementation plan development.	Stroke Review Clinical Reference Group (CRG) with wider clinical engagement Stroke Review Clinical Reference Group and finance/activity group	Through June/July/August 2016 August 2016 extended into October 2016 at CRG request Sept/Oct 16 Early 2017 Delayed until wider STP discussions become more robust - early 2017
Public and stakeholder engagement on emerging options.	Communications and engagement group	Sept/Oct 2016
Recommendation of shortlist to Stroke Review Programme Board. Emerging options to Kent and Medway CCGs. Presentation and discussion of emerging recommendations to JHOSC	Senior Responsible Officer (SRO)/Programme Director	June/July 2016 August/Sept 2016 August 2016

Recommendations for consultation Alignment to wider strategic consultation plans and decision making timelines including review by Kent and Medway CCGs Final recommendations to JHOSC prior to consultation	Kent and Medway CCG governing bodies	Winter 2016 Early 2017 June 2017 tbc

8.0 Conclusion

The Joint Committee is invited to:

i) Consider and comment on the progress to date;

ii) Refer any relevant comments to the Stroke Review Programme Board and request that they be taken into account;

iii) Invite Kent and Medway CCGs to present the final options for public consultation to the Committee.