KENT AND MEDWAY STROKE REVIEW JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 5th July, 2018

2.00 pm

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

KENT AND MEDWAY STROKE REVIEW JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 5th July, 2018, at 2.00 pm
Council Chamber, Sessions House, County Hall, Maidstone

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

Tea/Coffee will be available from 1:45 pm

Membership

Kent County Council (4)	Mr P Bartlett, Mrs S Chandler, Ida Linfield, Mr K Pugh
Medway Council (4)	Cllr T Murray, Cllr W Purdy, Cllr D Royle, Cllr D Wildey
East Sussex County Council (2)	Cllr C Belsey, Cllr J Howell
Bexley Council (2)	Cllr R Diment, Cllr A Downing

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UNRESTRICTED ITEMS

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

Item

1. Membership
2. Election of Chair
3. Election of Vice-Chair
4. Substitutes

5. Declarations of Interests by Members in items on the Agenda for this meeting

6. Kent and Medway Stroke Review (Pages 5 - 10)

   a) Minutes of the Kent and Medway NHS Joint Overview and Scrutiny Committee held on 22 January 2018 (for information) (Pages 11 - 16)

   b) Terms of Reference for Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (Pages 17 - 18)

   c) Local Authorities' responses to Kent & Medway Stroke Review Public Consultation (Pages 19 - 50)

   d) Stroke Review Post-Consultation Update (Pages 51 - 64)

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)

Benjamin Watts
General Counsel
03000 416814

27 June 2018

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.

Item 6: Kent and Medway Stroke Review

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

To: Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee, 5 July 2018

Subject: Kent and Medway Stroke Review

Summary: This report invites the Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (Stroke JHOSC) to consider the information provided by the Kent & Medway STP.

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) 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.

(2) In Summer 2015 Kent County Council's Health Overview and Scrutiny Committee and Medway Council's Health and Adult Social Care Overview and Scrutiny Committee determined that changes being proposed by the NHS to Hyper Acute and Acute Stroke Services in Kent and Medway amounted to a proposal for a substantial variation to the health service across both areas.

(3) The Kent and Medway NHS Joint Overview and Scrutiny Committee was therefore convened and met during 2016 and 2017 to consider and comment on the review of Hyper Acute and Acute Stroke Services, the emerging case for change and possible options for a new model of care.

(4) On 12 December 2017 the Kent and Medway Joint HOSC was formally notified that the Joint Committee of Clinical Commissioning Groups overseeing the Stroke Review (initially comprising of the eight Kent and Medway CCGs) had been expanded to include Bexley CCG and High Weald Lewes Havens CCG as activity modelling had highlighted the extent of external flows of stroke patients to Kent and Medway from Bexley and East Sussex.

(5) As a consequence of this further analysis the Health Overview and Scrutiny Committees in East Sussex and Bexley were advised of the review and both determined that the emerging proposals to reconfigure stroke services in Kent and Medway constituted a substantial variation to these services for their areas. This generated a statutory requirement to set up a new Joint Health Overview and Scrutiny Committee involving Kent County Council, East Sussex County Council, Medway Council and Bexley Council for the purpose of consultation by the NHS with Overview and Scrutiny on the Stroke Review.

(6) Prior to the establishment of the new JHOSC and to enable the public consultation to proceed as planned, representatives of Bexley Council's People Overview and Scrutiny Committee and East Sussex County Council's Health Overview and Scrutiny Committee were invited to attend and speak at the Kent and Medway NHS Joint Overview and Scrutiny Committee on 22 January as non-voting guests. The Committee met to consider the proposed options and consultation plan for the Kent & Medway Stroke Review. The Minutes of this meeting are appended for information in Item 6a (pages 11 - 16).

(7) The Terms of Reference and membership of the new Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (Stroke JHOSC) were agreed by Bexley Council's People Overview and Scrutiny Committee; East Sussex County Council's Health Overview and Scrutiny Committee; and the full councils of Kent County Council and Medway Council in February and March 2018. The Terms of Reference are appended in Item 6b (pages 17 - 18).

(8) The Kent & Medway Stroke Review's public consultation ran from 2 February – 20 April 2018. The following responses from local authorities involved in the Stroke JHOSC were submitted during the consultation and it has been requested that they are shared with the Committee. The responses are appended in Item 6c.

- Bexley Council's People Overview and Scrutiny Committee (pages 19 - 24)
- East Sussex County Council's Health Overview and Scrutiny Committee (pages 25 - 28)

- Medway Council's Cabinet (pages 29 - 38)
- Medway Council's Health & Wellbeing Board (pages 39 - 48)
- Our Healthier South East London Joint Health Overview and Scrutiny Committee (pages 49 - 64)

(9) The NHS has been invited to present a post-consultation update to the inaugural meeting of the Stroke JHOSC. The NHS report is appended in Item 6d. The NHS consultation activity and feedback reports were not available at the time of publication and will be circulated as a supplement in advance of the meeting; the paper is not expected until 29 June.

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. Recommendations

The Stroke JHOSC is invited to:

Item 6a – Minutes of the Kent and Medway NHS Joint Overview and Scrutiny Committee held on 22 January 2018 (for information)

- NOTE the minutes of the Kent and Medway NHS Joint Overview and Scrutiny Committee held on 22 January 2018

Item 6b - Terms of Reference for the Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee

- NOTE the Terms of Reference for Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee

Item 6c - Local Authorities' responses to Kent & Medway Stroke Review Public Consultation

- NOTE the responses to the public consultation from Bexley Council's People Overview and Scrutiny Committee; East Sussex County Council's Health Overview and Scrutiny Committee; Medway Council's Cabinet; Medway Council's Health & Wellbeing Board; and Our Healthier South East London Joint Health Overview and Scrutiny Committee

Item 6d - Stroke Review Post-Consultation Update

- CONSIDER and COMMENT on the reports
- REFER any relevant comments to the Joint Committee of Clinical Commissioning Groups

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

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (28/11/2016)*', https://democracy.kent.gov.uk/mgAi.aspx?ID=42592

Bexley Council (2017) *'People Overview and Scrutiny Committee (29/11/2017)'*, http://democracy.bexley.gov.uk/mgAi.aspx?ID=31671

Kent County Council (2017) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (12/12/2017)*', https://democracy.kent.gov.uk/mgAi.aspx?ID=46699

Kent County Council (2018) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (22/01/2018)*', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=7997&Ver=4

Medway Council (2018) *'Council (22/02/2018)'* https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=122&MId=3775

Kent County Council (2018) *'Council (15/03/2018)'* https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=113&MId=7573&Ver=4

East Sussex County Council (2018) *'Health Overview and Scrutiny Committee (29/03/2018)',* https://democracy.eastsussex.gov.uk/ieListDocuments.aspx?CId=154&MId=3156&Ver=4

Contact Details

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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 Council Chamber - Sessions House on Monday, 22 January 2018.

PRESENT: Cllr W Purdy (Chair), Mrs S Chandler (Vice-Chair), Cllr T Murray, Cllr D Royle, Cllr D Wildey, Mr M J Angell, Mr P Bartlett, Mr D S Daley and Mr K Pugh

ALSO PRESENT: Cllr J Hunt and Cllr C Belsey

IN ATTENDANCE: Ms L Adam (Scrutiny Research Officer) and Mr J Pitt (Democratic Services Officer, Medway Council)

UNRESTRICTED ITEMS

31. Membership

The Chair informed Members that Mr Bartlett had replaced Mr Whiting as a member of the Committee.

32. Minutes

(Item 3)

RESOLVED that the Minutes of the meeting held on 12 December 2017 are correctly recorded and that they be signed by the Chair.

33. Kent and Medway Hyper Acute and Acute Stroke Services Review

(Item 4)

Michael Ridgwell (Programme Director, Kent and Medway STP), Patricia Davies (Accountable Officer, NHS Dartford Gravesham and Swanley CCG and NHS Swale CCG and Senior Responsible Officer, Kent & Medway Stroke Review), Steph Hood (STP Communications and Engagement Lead, Kent & Medway STP),Dr Mike Gill (Chair, Joint CCG Committee), Cllr Belsey (Chair, Health Overview & Scrutiny Committee, East Sussex County Council) and Cllr Hunt (Chair, People Overview and Scrutiny Committee , Bexley Council) were in attendance.

(1) The Chair welcomed the guests to the Committee including Councillor Belsey from East Sussex County Council and Councillor Hunt from Bexley Council who had been invited to participate in the meeting prior to the establishment of the new JHOSC. Following a request from the Joint CCG Committee, the Chair noted that she had agreed for the report regarding the proposed options and consultation plan to be considered as an urgent item. She stated that it was considered urgent as it was not available at the time of publication and the Committee had requested to have the opportunity to consider and comment on

the proposed options and consultation plan prior to the start of the public consultation.

(2) Ms Davies began by introducing the NHS guests. She highlighted the aim of the clinicians, stakeholders and stroke survivors involved in the review to implement hyper acute stroke services in Kent and Medway which would bring a significant and positive impact for the residents within Kent and Medway, as well as the wider population. She stated that she sought the Committee's support to move forward with the review.

(3) Dr Gill advised the Committee that the current model, with stroke services, being provided on six out of the seven acute hospital sites in Kent & Medway, was unsustainable. He noted that the sites were not consistently meeting national quality standards, did not provide 24/7 access and did not have the workforce to deliver best practice through hyper acute stroke units. He highlighted the role of clinicians in the review; in order to meet the national standards, it was proposed that stroke services would be consolidated onto three sites.

(4) Ms Davies reported that under the current model 24/7 access to onsite consultants, brain scans and clot busting drugs were not consistently available. She noted that a combined hyper acute stroke unit and acute stroke unit was proposed, the first 72 hours of inpatient care would be on the hyper acute unit with follow up care being provided on the same site in an acute stroke unit. She stated that there would be a range of benefits of consolidating stroke services including reduction in morbidity and mortality and fewer people living with long-term disability following a stroke. She assured the Committee that the whole pathway was being reviewed including prevention and rehabilitation.

(5) With regards to governance, Ms Davies explained that the process had been overseen by the Stroke Programme Board for the past three years which included CCGs, providers, stroke survivors and the Stroke Association. She noted that Professor Tony Rudd who was the national lead for stroke had provided advice and scrutiny to the Stroke Clinical Reference Group to ensure the proposals were in line with national best practice. She stated that the Kent & Medway Stroke Review Joint Committee of CCGs had been established; it was made up of 10 CCGs including the 8 Kent & Medway CCGs, Bexley CCG and High Weald Lewes and Haven CCG. She noted that Bexley was the main CCG area to be affected by the potential changes from the South London area. She highlighted that the first formal meeting of the Joint Committee would be held on 31 January 2018. She reported that decisions about the location of stroke services will not be taken at this meeting; the decision will be taken in early September after formal public consultation, once all the feedback and evidence had been considered.

(6) Mr Ridgwell informed the Committee that an Integrated Impact Assessment (IIA) had been undertaken by Mott MacDonald and would be taken to the Joint CCG Committee. The IIA looked at the impact of the proposals on the population and had concluded that whilst there would be a significant benefit in terms of health, there would be a detrimental affect due to travel and access. A number of groups had been identified who may have a disproportionate need for stroke services including the elderly, disabled and people from BAME. Mr

Ridgwell noted that mitigations were being developed to address the findings from the IIA.

(7) Ms Hood noted that the public consultation was expected to launch on 1 February 2018 and would run for a ten-week period. During this time a range of activities would be undertaken including two listening events in each CCG area, focus groups, telephone surveys particularly with the affected populations identified in the IIA, one-to-one stakeholder engagement, digital and social media campaigns.

(8) Members commented about ambulance travel times, the inclusion of neighbouring hospitals on the map in the consultation document and the centralisation of services. Ms Davies informed the Committee that, in all five options, 98% of the population would be within 60 minutes of a stroke site by ambulance. She noted that travel times had been calculated using the Isochrone system which had been cross-referenced with data from sat navs to generate travel times from different points. She explained that SECAmb had been integral to the review. She reported that Dr Fionna Moore (Medical Director, South East Coast Ambulance NHS Foundation Trust) was confident that the reconfiguration of the service would lead to a clearer pathway which enable the Trust to improve their response and achieve the hyper acute stroke standards. Ms Hood welcomed the comment made about the maps; she stated that she would provide feedback to the design team. Dr Gill reminded the Committee that the hyper acute stroke unit would provide specialist care beyond the clot busting treatment and whilst it was important to acknowledge risks around travel times, evidence showed that centralised services reduced morbidity and mortality rates.

(9) Members sought clarification around the weighting given to each criteria, public health messaging and election purdah. Ms Davies explained that feedback from the majority of stroke survivors revealed that they were more interested in going to a specialist centre rather than their local hospital. Ms Hood noted that in the draft public consultation document, participants would be able to give feedback on the assessment criteria. She reminded the Committee that the consultation process was not a vote or referendum. She explained that the Joint CCG Committee had a duty to take into account all feedback including clinical evidence, financial information and public consultation feedback. She stated that they were looking to align the consultation with the re-run of the FAST campaign. Ms Hood noted that legal advice regarding the local election in Bexley stated that the consultation period could continue as long as Bexley Council was content to respond to the consultation prior to the start of purdah.

(10) A Member enquired about the impact of the stroke review on the reconfiguration of acute services in East Kent. Mr Ridgwell stated that the Kent HOSC was due to receive an update on Transforming Health and Care in East Kent on 26 January. He explained that two options, as part of the East Kent transformation, were being considered; one would focus emergency services at Queen Elizabeth The Queen Mother Hospital (QEQM) and William Harvey Hospital (WHH); the other was to build a new hospital at Kent & Canterbury Hospital which would have implications on the other two hospitals. He explained that WHH was included in all options due to patient volumes, workforce availability and the colocation of other specialist services on the site.

He explained that if specialist services at WHH were to move because of the acute reconfiguration in East Kent, stroke services on the site would be reviewed.

(11) In response to a question about £40 million investment and workforce, Mr Ridgwell confirmed that a large proportion of the £40m investment would be spent on capital. He stressed that the stroke review was not about saving money; an investment was required to improve the quality of services. He noted that NHS England had requested that capital funding was secured before the launch of the consultation. He noted that the Joint CCG Committee would consider the implications of potential patient flow to neighbouring areas. Ms Davies advised the Committee that the Clinical Reference Group was working closely with providers to engage existing staff, support transfers as well as recruiting to new posts. Mr Ridgwell stated that by optimally configuring services, it would improve the ability to recruit.

(12) A Member commented about the inclusion of populations from Bexley and East Sussex, the variation of capital investment required for each option and the implementation period. Ms Davies explained that the long list of options included a number of options, which were rejected, as they would have involved large volumes of patients being treated outside of Kent & Medway and would have negatively impacted on services in London particularly at the Princess Royal University Hospital. Mr Ridgwell stated the importance of looking at the totality of population which had resulted in notifying the health scrutiny committees in Bexley and East Sussex in October 2017 who had subsequently determined the proposals to be significant for their local areas. He noted that similar conversations had taken place with Bexley and High Weald Lewes and Haven CCGs in March 2017 who also believed the proposals to be significant for their populations. Mr Ridgwell noted that variation in capital spending was due to the type of building work required to deliver quality care which ranged from refurbishment to new infrastructure. Ms Hood reported that self-assessments carried out by each provider trust indicated that the implementation would be phased and take between 12 – 18 months.

(13) Members asked about the consultation document, evaluation criteria and rehabilitation. Ms Hood confirmed that the consultation document and survey would be available on the website; hard copies of the questionnaire would also be available with the provision of a freepost envelope. Ms Davies commented that the all five options scored highly in quality, access and workforce criteria. Ms Davies assured Members that whilst the review was strongly focused on acute stroke care, work was being undertaken on stroke prevention and rehabilitation. She noted that a working group, chaired by Tara Galloway (Head of Stroke Support, Stroke Association), was looking at stroke rehabilitation in order to identify the gaps and ensure patients would be offered rehabilitation as close to their homes as possible.

(14) The Chair invited Cllr Hunt and Cllr Belsey to comment. Cllr Hunt stated that Bexley Council's Monitoring Officer had advised that its purdah period had no impact on the planned consultation. He expressed concerns about the potential removal of services from Darent Valley Hospital and impact on Princess Royal University Hospital. He commented about the reach of the public consultation to residents in Bexley, the consideration of the public

consultation document by the Committee in a private briefing and increasing the number of sites to four. Ms Hood explained that the target audience was across the 10 CCG areas. She reported that the consultation document was still in draft form and required checks for accuracy before final publication; she noted that the five options were already in the public domain. Mr Ridgwell clarified that the options that presented a higher risk of outward patient flow were removed as part of the options appraisal; modelling was based on access to the nearest hyper acute stroke unit. Dr Gill stated that a four-site model would not be sustainable as it would not meet minimum patient volumes.

(15) Cllr Belsey requested that neighbouring authorities were notified about future meeting dates in good time which Mr Ridgwell agreed to.

(16) RESOLVED that the NHS be requested to take note of comments made by Members about the proposed options and consultation plan.

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Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (Stroke JHOSC)

(a) Terms of Reference

(1) To consider information and make comments on proposals for a substantial variation to stroke services in Kent & Medway which affect Kent, Medway, East Sussex and Bexley and which are under consideration by a relevant NHS body.

(2) To exercise the right to make comments under regulations 23(4) and 30(5) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the 2013 Regulations) on behalf of the relevant Overview and Scrutiny Committees of Kent County Council, Medway Council, East Sussex County Council and Bexley Council on proposals relating to stroke services in Kent and Medway under consideration by a relevant NHS body.

(3) To consider whether the proposal for a substantial variation to stroke services in Kent & Medway affecting the areas covered by Kent, Medway, East Sussex and Bexley should be referred to the Secretary of State under regulation 23(9) of the 2013 Regulations and, if deemed appropriate, to recommend this course of action to the relevant Overview and Scrutiny Committees of Kent County Council, Medway Council, East Sussex County Council and Bexley Council who may each agree to make a referral in line with their respective Constitutions. (Note: the exercise of the power to make a referral to the Secretary of State has not been delegated to the JHOSC).

(b) Rules

(1) Regulation 30 of the 2013 Regulations states that where a relevant NHS body or a relevant health service provider consults more than one local authority on any proposal which they have under consideration for a substantial development of, or variation to, the provision of a health service in the local authorities' areas, those local authorities must appoint a Joint Overview and Scrutiny Committee (JHOSC) for the purposes of the review and only that Committee may make comments.

(2) There will be a Joint Health Overview and Scrutiny Committee, for the Kent & Medway Stroke Review, comprising of:

4 Members of Kent County Council
4 Members of Medway Council
2 Members of East Sussex County Council
2 Members of Bexley Council

(3) The quorum of the Kent, Medway, East Sussex and Bexley Joint Health Overview and Scrutiny Committee is 4 Members with at least one Member from each constituent Authority present.

(4) The JHOSC will appoint a Chair and Vice-Chair at its first meeting in each municipal year. (It is expected that the Chair and Vice-Chair will be appointed from among the Kent and Medway Members on an annually rotating basis). Where a review is unfinished at the end of a municipal year, the Committee may agree that the previous year's Chair (if still a member of the committee) may continue to preside over consideration of matters relating to that review.

(5) The formal response of the JHOSC will be reached as far as is reasonably practicable by consensus and decided by a majority vote. If the JHOSC cannot agree a single response to a proposal under consideration then a minority response which is supported by the largest minority, but at least two Members, may be prepared and submitted for consideration by the NHS body or a relevant health service provider with the majority response. The names of those who dissent may, at a Member's request, be recorded on the main response.

Committee Services and Scrutiny
Civic Offices, 2 Watling Street
Bexleyheath, Kent, DA6 7AT
Tel: 020 8303 7777
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m/r *Direct Dial* 020 3045 3596
y/r *Date* 19 April 2018

Louise.Peek@bexley.gov.uk
The person dealing with this matter is Louise Peek

To - km.stroke@nhs.net

Dear Mr Glenn Douglas, Chief Executive, Kent and Medway Sustainability & Transformation Partnership and Mr Mike Gill, Chairman of the CCG Joint Committee

KENT AND MEDWAY STROKE REVIEW

As you know, Michael Ridgwell, the Programme Director for the Kent and Medway STP wrote to me on 12th October 2017 to advise me of your ongoing stroke review. Darent Valley Hospital (DVH) is the nearest acute hospital for a large proportion of the Bexley population. Many of our residents use the hospital and would be affected by any changes to services provided there. I therefore arranged for Mr Ridgwell to attend the next meeting of the People Overview and Scrutiny Committee (Bexley Council's Health OSC) on 29th November to brief Members. At that meeting and based on the information available to us, we agreed that your proposals to reconfigure stroke services in Kent and Medway would likely represent a substantial service variation for Bexley residents. We were therefore required to establish a Joint Health Overview and Scrutiny Committee (JHOSC) with other similarly affected local authorities to formally consider and respond to your proposals.

Unfortunately the process of establishing the JHOSC has taken some time. However Bexley HOSC Councillors consider that it is very important we respond to your public consultation. As local representatives we owe it to our residents to do all that we can to ensure that they can receive high quality health care close to home. We acknowledge and support the clinical case for the proposed changes to stroke services that was outlined to us. We note that a similar reconfiguration of stroke services as part of the Healthcare for London programme in 2010 has improved outcomes for stroke patients in London and delivered fewer stroke related deaths. We consider that the similarly proposed acute model of care for stroke at Hyper Acute and Acute Stoke Units (HASU/ASU) across Kent and Medway, if carefully implemented and delivered, has the potential to realise considerable improvements to patient care and clinical outcomes.

We support proposals to improve health services provided to Bexley residents and therefore our preferred options for stroke services in Kent and Medway are options A, B and E, that include services being retained and enhanced at DVH.

The following sections of this letter set out why we support these options:

Accessibility of Stroke Services to the Bexley population

We note that the pre-consultation business case for the stroke review states that in 2016/17 there were 219 confirmed stroke patients at the PRUH who would otherwise have had a shorter travel time to DVH. These patients will mostly have been Bexley residents and in some cases Greenwich residents, who therefore will clearly benefit from improved stroke services being available closer to home at DVH. Providing a HASU at DVH will improve

Bexley residents' access to specialist acute care and will enable those patients to receive quicker access to vital services. It is important to note that the PRUH is very inaccessible to many of our residents. Transport links are poor and routes by car and public transport difficult and congested. In many cases where the PRUH appears the closest hospital by distance, it will be still quicker to travel to DVH.

Starting with 'A Picture of Health' in 2007, Bexley residents have seen a gradual removal of acute healthcare from the Borough. In an emergency and for all other acute services our residents must use their nearest out of Borough hospital, whether this is DVH, the Princess Royal University Hospital (PRUH), or Queen Elizabeth Hospital (QEH) in Greenwich. Working closely with our local health partners, we have been able to secure a bright future for the Queen Mary's Hospital campus in Bexley, with a diverse range of clinical services being provided there. Still, as vital acute services have been withdrawn from our Borough, residents have shared their concerns with us about accessibility, increased pressures and the decreasing availability of local services to meet local needs.

Bexley's population is ageing; as of 2015, 16% of Bexley's residents were aged 65 and over, which is ranked as the third highest in London. GLA projections also demonstrate that this could increase to 22% of Bexley's population by 2050. Bexley currently has the 4th highest average age in London at 39 years. Age is closely correlated to a higher incidence of stroke and data from the current 2017/18 period shows that over 78% of Bexley stroke admissions were those aged 65 and over, which would mean that Bexley's population is statistically at a higher risk of suffering from stroke than other areas of London. In 2010, Bexley had the fourth highest stroke incidence rate in London and has a prevalence rate of approximately 1.5% with little variation in recent years.

Although overall, Bexley is not a deprived borough, there are pockets of deprivation present. Eight of Bexley's Lower Layer Super Output Areas (LSOAs) are in the top 20% most deprived LSOAs in the country, most of which are located in the north of the borough, for whom DVH is more easily accessible than the Princess Royal University Hospital PRUH or other centres in Kent. Access to healthcare is very important for these populations. Studies have shown that in general, people from more deprived areas have an increased risk of stroke. Impacts are also likely for families and carers of such populations who would be less able to afford the travel to facilities further away from their homes in contrast to DVH which has cheaper, more direct public transport options available for those communities.

Concerns were raised at Healthwatch Bexley's stroke review focus group on the 11th April 2018 that for Bexley residents, travel times to the PRUH can often take longer than the 30 minutes as suggested in the consultation document. Particular concern was raised for those living in the North of the Borough where heath is generally poorer, communities are more deprived and there are more BME groups living at risk of stroke. Attendees were concerned that those communities would be part of the 25% that cannot get to a centre within 30 minutes unless DVH is an option. It was reported that in some cases it can take residents as many as 3 buses to get to the PRUH for non-drivers. The group were also of the view that plans for new housing and growth in the borough (particularly the north) and the influx of people to the Borough through the new Crossrail service, will increase the number of residents and local demand which should be justification for a HASU at DVH. Attendees indicated that the future population growth needs to be carefully considered.

For all of the above reasons it would therefore be very disappointing for Bexley should DVH not be selected as a HASU site. It is clearly evident that there is a need for acute stroke services for our residents within the DVH catchment, particularly in view of the

demographic data. It would be extremely difficult to justify to residents why yet again they are losing services at their local hospital given that health provision/infrastructure in this part of London is comparatively sparse.

Accessibility of Other Services

The pre-consultation business case outlines services that should be co-located at the same hospital site as a HASU. These include emergency medicine, acute and general medicine, and critical care (adults). We are concerned that sites where stroke services will be withdrawn will therefore see some or all of these services removed in order to "appropriately maintain clinical inter-dependent services across the wider STP programme", as stated in the business case. If DVH is not selected as a HASU site, we seek assurances about the continued provision of those inter-dependent services at DVH. We would oppose in the strongest terms additional services being withdrawn from DVH. For a number of years many of our residents have relied on these services given that they cannot be accessed within Bexley borough.

Impact on SE London

In 2016/17, the pre-consultation business case states that DVH dealt with 434 confirmed stroke cases. This is the second highest number across hospitals in Kent and Medway, second only to the Medway Maritime Hospital. There is therefore clearly a significant demand for stroke services within the DVH catchment already, which is not too far below the required volume of a minimum 500 cases per year in the proposed service model.

Because Bexley does not have an acute hospital within the Borough, considerations around the strategic fit of the various consultation options stretch beyond Bexley and into SE London as a whole. Clearly if stroke services are withdrawn from DVH, we are very concerned about the resulting patient flows into SE London and for Bexley residents particularly, the resulting impact on stroke services at the PRUH and University Hospital Lewisham (UHL). The pre-consultation business case states for example, that HASUs in SEL are already at full capacity. Activity mapping for the various options under consultation shows a significant increase of patient flow into SE London if there are no stroke services at DVH. This is more than the projected increase of patients that would flow to DVH if stroke services were to remain there. It would seem that fewer patients would be affected should DVH retain its stroke services than not, thus this would appear a less disruptive option for patients.

We think further clarity is required on the potential impact on acute stroke services in South East London if there are no stroke services at DVH. We need assurances that there is capacity to manage any projected increase in patients in SE London and if not, how this will be addressed. Our residents whose acute stroke pathway currently includes the PRUH should not be adversely affected or see their access to this service reduce as a result of increased patient flows from Kent. We think there are questions that need to be answered about where Bexley patients would be diverted should there be no stroke services at DVH and the PRUH reaches capacity. We would be concerned for example if this meant that there was potential for Bexley patients to be treated further into Kent. The Kent model proposes ASUs being co-located with HASUs, which would mean that there is a risk of residents being treated potentially for several weeks some considerable distance from home. This would make it very difficult for family and friends to visit and support them, which is a vital component of their recovery.

As Chairman of the Our Healthier South East London JHOSC, of which all SE London Councils are Members, I raised all of these concerns with the Committee at our meeting on 12th March 2018. All Members shared Bexley's concerns about potential impacts on SE London should stroke services be withdrawn from DVH and agreed to support stroke services being retained at DVH.

Discharge and Rehabilitation

An essential element of the stroke pathway is rehabilitation, which includes early supported discharge. We are concerned that there has been little engagement with Bexley Adult Social Care colleagues thus far in considering the impact and mitigations should stroke services no longer be available at DVH.

LB Bexley has long established links with DVH in terms of discharge and community/social work support, with clear processes and protocols already in place. In the proposed service model for Kent and Medway, HASUs and ASUs will be co-located. If this is not at DVH there will be a real cost to the Council as we will be required to support discharge of Bexley residents from alternative sites in Kent and Medway. Our experience of moving the ASU from QEH to UHL demonstrated pressures on the discharge process. As a result, Lewisham and Greenwich NHS Trust agreed to fund a senior social work post to support this. **Should stroke services be removed from DVH, we would require a similar investment from Kent and Medway NHS to allow us to successfully support the discharge of Bexley residents from other hospital sites.**

Consultation

The previous sections of our response focus on the consultation options and the reasons we support improved stroke services at DVH. A key element of any significant service change such as this, is the meaningful engagement of patients and other stakeholders at an early stage and ongoing throughout the process. The Kent and Medway Stroke review began in late 2014, with the review moving into its pre-consultation phase in January 2017.

In terms of engagement with Bexley's Scrutiny process, the Bexley HOSC was approached about the proposals in October 2017 and in November we agreed that they would be significant for our residents and thus we began the statutory process of establishing a JHOSC. The Kent and Medway Stroke review team have responded to all of our requests for further information and have attended our Bexley HOSC meetings when invited, which has been appreciated. We were keen to ensure that Bexley should be given a full and timely opportunity to consider and comment on the options and consultation plan/document prior to the public consultation and we welcomed the attendance of the STP team at our health sub-group meeting on 30th January to present these to us. However we have been alarmed by the sudden urgency to drive the review forward to public consultation given the previous pace of the project and feel that this has been at the expense of more meaningful and timely consultation with us and our residents.

The establishment of the JHOSC has been a long process because it requires the formal agreement of four different local authorities, each with their own procedures. Although these procedures are outside the gift of the NHS, we have felt rushed to move forward at pace to meet NHS timescales, despite only being engaged in the process at a very late stage. This meant that we could not establish the required formal JHOSC prior to public consultation. Neither Bexley nor East Sussex Councils were able to participate in the existing Kent and Medway JHOSC meeting on 22nd January 2018 as full Members to consider the options and consultation plan before the public consultation was launched.

Paperwork for this meeting was not made publically available until 19th January and although provided to us informally prior to this, we were unable to share it through our own networks so that we could present a wider stakeholder and patient view at the JHOSC meeting.

We are also concerned about engagement at public level with Bexley's residents, in terms of the consultation and in particular, whether messages about the impact of a review of Kent and Medway services could have on Bexley have been appropriately conveyed. We have been presented with information detailing a range of pre-consultation engagement activity undertaken within Kent and Medway but we have not seen any examples of similar engagement within Bexley.

Attendees at Healthwatch Bexley's recent stroke review focus group on the 11th April reported that they were unclear on where patients should go if a stroke is suspected, and it was indicated that many people are unware of the specialist stroke unit at the PRUH; the group were of the view that public knowledge and communication of future and current specialist stroke units must be improved.

In terms of the formal public consultation, we are concerned that no residents attended the first public engagement event in Erith on 22nd February. Only five residents attended the second event in Bexleyheath on 19th March. The consultation document states that you are targeting 7,000 responses to the consultation. Within this figure, we would like to know what is your target reach and response for Bexley and how you have monitored and adjusted your engagement activity and the responses received to ensure that the populations of Kent, Medway, High Weald Lewes and Haven and Bexley are <u>all</u> appropriately and proportionately represented within the total reach and response rates. It is important that Bexley residents' voices are heard in any service changes that will affect them.

In summary we, both as Councillors and users of local health services, want all of our residents to be able to easily access the best possible health care in a timely manner. We want to ensure that health provision meets local need in order to secure the best possible health outcomes. We therefore support proposals to improve services provided to Bexley residents with our preferred option for stroke services in Kent and Medway being one that includes stroke services being retained and enhanced at DVH.

Yours sincerely,

Cllr James Hunt
Chairman of People Overview and Scrutiny Committee
London Borough of Bexley

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East Sussex Health Overview and Scrutiny Committee (HOSC)

Response to public consultation on improving stroke services in Kent and Medway

Background

East Sussex HOSC has been formally consulted by the Joint Committee of Clinical Commissioning Groups (CCGs) on the proposals to reconfigure acute stroke services provided in Kent and Medway due to the significant impact on residents in the north of East Sussex. As the proposals also affect residents in three other HOSC areas a Joint HOSC (JHOSC) has been formed to respond to the consultation in line with the requirements of health scrutiny legislation. The JHOSC will respond formally to the CCGs in due course under that statutory process.

Alongside statutory consultation with HOSCs, the CCGs are undertaking a process of public and stakeholder consultation. This document represents East Sussex HOSC's response to that consultation process as a local stakeholder and does not represent the view of the JHOSC.

Comments on the proposals

The proposal is to reduce the number of hospitals in Kent and Medway providing acute stroke services, replacing the existing seven sites with three Hyper Acute Stroke Units (HASUs). The consultation also outlines five options for the location of the three HASUs.

Creation of HASUs

East Sussex HOSC understands the reasons for the proposed reduction in sites providing acute stroke services and the move to fewer HASUs. In recent years HOSC has supported similar reconfigurations within East Sussex Healthcare NHS Trust and Brighton and Sussex University Hospitals NHS Trust which were based on a similar rationale. Since implementation of these reconfigurations HOSC has seen evidence of improved quality of service as demonstrated by Stroke Sentinel National Audit Programme (SSNAP) data. HOSC notes that current SSNAP data for the existing stroke units in Kent and Medway shows significant potential for improvement and that there are considerable workforce challenges in achieving such improvement across seven sites. HOSC also notes the considerable clinical support for the proposed reconfiguration. **HOSC therefore supports the proposal to establish three HASUs in Kent and Medway.**

The disadvantages of the proposed reconfiguration primarily relate to increased travel time for patients and their families/carers. For patients, who will primarily travel by ambulance, this disadvantage is considerably offset by the improved quality of service available at a HASU, particularly if this includes swifter access to scanning, thrombolysis, specialist stroke staff and admission to the HASU. From our knowledge of other reconfigurations it may be possible to effectively 'cancel out' some of the increased travel time through improved speed of treatment on arrival at the hospital/HASU. Travel and transport over longer distances is considerably more problematic for families and carers, particularly those with a long term limiting illness or disability, on a low income and/or reliant on public transport. From previous assessments of stroke reconfigurations HOSC understands that families will prioritise the quality of care for the patient and improved outcomes, but will also expect everything possible to be done to support visiting families and carers, particularly given the importance

of family support and advocacy for patients who are vulnerable from the after effects of stroke.

HOSC suggests that the following issues are taken into account when developing implementation plans for the creation of three HASUs in Kent and Medway:

- Ensuring maximum public awareness of stroke symptoms and the need to treat stroke as a '999' emergency – e.g. running a FAST awareness campaign linked to the implementation of HASUs – to ensure minimum delay in patients reaching hospital.
- Maximising speed of treatment on arrival at hospital to offset additional travel time for patients – for example creating a separate receiving area for stroke patients in A&E, with a dedicated senior stroke specialist nurse to receive patients, enabling fast and efficient transfer to scan facility, in order to achieve brain scan within 1 hour of arrival.
- Ensuring a sufficient number of dedicated stroke beds are provided within the HASUs.
- Ensuring that good practice from the existing stroke units is identified and learning transferred to the establishment of new HASUs, particularly if a HASU is located at a hospital with lower performance on key SSNAP indicators.
- Ensuring the impact on the ambulance service of longer journey times is recognised and provided for, that there is a dedicated stroke lead within the ambulance service, and that clear protocols are in place for ambulance conveyance of stroke patients to the nearest HASU.
- There must be support for access by families and carers e.g. provision of travel information, flexible visiting arrangements, provision of telephone contact with HASU and patients, with full discharge information for carers
- Onward rehabilitation/early supported discharge services should be reviewed and improved in conjunction with the implementation of HASUs. This must ensure patients are able to return home or to more local inpatient rehabilitation/intermediate care as soon as possible. This should include dedicated stroke rehabilitation team (rather than generic teams), including speech therapists and psychological counsellors. There should be effective links to rehabilitation and other support services provided outside of Kent and Medway.
- There must be a proactive workforce plan in place to support the transition, focussed on retaining existing staff as well as recruiting new staff, particularly consultants, given the national shortage of specialist stroke and therapy staff.
- CCGs should require all HASUs to submit SSNAP data and any other national requirements which will support maintenance of high standards and best practice.

The options

HOSC has reviewed the documentation provided in relation to the shortlisting of the five options, the Integrated Impact Assessment and the comparative information provided in the consultation document. **The committee makes the following observations in relation to the five evaluation criteria:**

- **Accessibility** – **HOSC believes that access will be a key concern for our residents**. The Committee notes that option D appears to offer the greatest accessibility in terms of travel by ambulance and car within 30 minutes across the whole population affected.
- **Ability to implement** – Clearly it is desirable to implement the reconfiguration of acute stroke care without undue delay, given the potential improvements in quality of care and outcomes. However, all options have been deemed to be implementable via the shortlisting process, therefore HOSC believes that this should be a secondary factor with the focus being on the best service model for the long term in terms of quality and sustainability.

- **Value for money** – Assuming that the levels of capital investment required are achievable across all options, HOSC believes the focus in terms of value for money should be on long term affordability and benefit. HOSC notes that options A, D and E yield the highest levels of net present value.
- **Quality of care** – **HOSC believes this will also be a key concern for our residents**. All options are anticipated to deliver the benefits of HASUs over the current configuration. HOSC is aware of the emergence of mechanical thrombectomy as a treatment for stroke and the committee believes that any configuration should be 'future-proofed' as far as possible by offering the ability to deliver this service in the near future. HOSC notes that option D is ranked most positively in this regard.
- **Workforce** - HOSC notes the challenges in attracting and retaining specialist stroke staff which will apply across all options, helped to some extent by the attraction of newly established HASUs. The committee believes the focus here should be on the development and implementation of a proactive workforce strategy across medical, therapy and nursing staff whichever option is chosen.

Conclusion

East Sussex HOSC supports the proposed reconfiguration of stroke services and the creation of three HASUs in Kent and Medway. In terms of the five options for locating the HASUs the committee believes that accessibility and quality of care are the key priorities for our residents. On both these factors option D rates most highly.

Cllr Colin Belsey
Chair
East Sussex Health Overview and Scrutiny Committee
20 April 2018

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Our questions to you

Now that you have read the proposals outlined in this document, we'd like to hear what you think about them. If you would prefer, you can complete the survey online at www.kentandmedway.nhs.uk/stroke .

To reply by post, tear out and complete the survey below then send it free of charge to **FREEPOST KENT AND MEDWAY NHS**. You can include additional pages if you need more room for comments. Please clearly mark the relevant question number against any comments on additional pages.

1. How strongly do you agree or disagree with the following five statements:

(please tick the box)

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
1: There are convincing reasons to establish hyper acute stroke units in Kent & Medway. *(See sections 3 & 4 of document)*	x					
2: There are convincing reasons to have 3 hyper acute stroke units in Kent and Medway. *(See page 24 of document)*	x					
3: Creating 3 hyper acute stroke units would improve the quality of urgent stroke care for patients in Kent and Medway. *(See section 6 of document)*	x					
4: Creating 3 hyper acute stroke units would improve access to diagnosis and specialist treatment in the 72 hours following a stroke for patients in Kent and Medway. *(See section 6 of document)*	x					
5: There are convincing reasons to locate acute stroke units and TIA ('mini stroke') clinics on the same sites as hyper acute stroke units. *(See pages 24/25 of document)*	x					

2. Thinking about your response to the five statements for the previous question, do you have any comments to make on the potential advantages or disadvantages of the proposed changes to urgent stroke services in Kent and Medway?

No comments ☐

3. We have used 5 criteria to help us weigh up the pros and cons of potential locations for hyper acute stroke units. We will continue to consider the criteria in our decision-making and would like your views on which are most important.

Please rank the criteria in your order of importance, with 1 being the most important and 5 the least important.

Criteria	Order of importance
The option would improve access to urgent stroke services for patients	2
The option would be straightforward to implement	5
The option would represent good value for money	3
The option would improve the quality of urgent stroke services for patients	1
The option would help recruit and retain staff for urgent stroke services	4

4. Are there any other criteria you think we should consider in our decision-making?

No comments ☐

5. Thinking about the criteria above, please rank the 5 shortlisted site options in order of preference, with 1 being your preferred option.

Option	Order of importance
A. Darent Valley, Medway Maritime, William Harvey	
B. Darent Valley, Maidstone, William Harvey	
C. Maidstone, Medway Maritime, William Harvey	
D. Tunbridge Wells, Medway Maritime, William Harvey	1
E. Darent Valley, Tunbridge Wells, William Harvey	

Please tell us a bit more about why you have given this ranking.

Answers in this survey are based on a report discussed at Medway Council Cabinet meeting 10 April 2018. A copy of the report and supporting documents can be found on Medway Councils Cabinet webpage: https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=115&MId=3704&Ver=4

Three of the five possible options propose locating stroke services in Medway, and there are a number of other factors for consideration, which would support the location of these vital services in Medway.

Our population in Medway is at greater risk of stroke due to the large number of elderly residents, high levels of deprivation and higher than average numbers of smokers.

Medway Council provides Adult Social Care services for the people of Medway, including vital services that support the rehabilitation and ongoing care of people who have suffered from a stroke. By locating one of the hyper acute units in Medway, this will ensure a seamless transition for Medway residents from Medway hospital back out into the community. This supports the delivery of Medway Council's vision for Adult Social Care.

Medway is the largest urban area in the south east outside London and Medway Hospital currently cares for the highest number of stroke patients in Kent and Medway. Medway Hospital already has a wide range of supporting services needed to treat stroke patients, making it ideally placed to become a hyper acute stroke unit.

Impact analysis of the proposals has been completed by Mott MacDonald Group Ltd who produced a report: Kent and Medway Sustainability and Transformation Plan, Integrated Impact Assessment – pre consultation - stroke services, Dec 2017. It is important to note that the Mott MacDonald report does not include analysis for proposal E as this was introduced at a later stage. Report weblink: https://kentandmedway.nhs.uk/wp-content/uploads/2018/01/Appendix-Di-Pre-consultation-report-stroke-FINAL_050118.pdf

Additionally, impact analysis has also been completed by the Medway Public Health Intelligence Team who analysed proposals A – E.

Both sets of analysis indicate that **Option D** would have the greatest positive impacts and the least negative impacts for equality and travel and access for Medway residents.

Travel and Access Analysis

For shortlisted proposals (A-D) the Mott MacDonald report states that Proposal D has the least negative impact upon accessibility as 84 per cent of patients can still access stroke services within 30 minutes and proposal B has the most negative impact with 79 per cent of patients able to access stroke services within 30 minutes; see page 26 of the Mott MacDonald report.

Analysis completed by the Medway Public Health Intelligence Team for proposals A - E also found that proposal D has the least negative impact upon accessibility as 87 per cent of residents can still access stroke services within 30 minutes. However, this analysis found that proposal A has the most negative impact, with only 80 per cent of residents able to access stroke services within 30 minutes.

Equality Impacts

The Mott MacDonald report identified older people as having a disproportionate need for stroke services. High blood pressure is a key risk factor for strokes and this is common in older people.

For all shortlisted proposals (A-D), Mott MacDonald found no disproportionate impacts for patients aged 65 and over. This patient group was within five percentage points of the change to the patients overall for all proposals.

The analysis completed by the Medway Public Health Intelligence Team found no disproportionate impacts for residents aged 65 and over for proposals A to E. However, it is important to note the following points:

- Proposal A has the most negative impact upon accessibility as only 77 per cent of residents aged 65 and over would be able to access stroke services by blue light ambulance within 30 minutes, which is a reduction of 23 percentage points.

- Proposal D has the least negative impact upon accessibility as 84 per cent of residents aged 65 and over would be able to access stroke services by blue light ambulance within 30 minutes.

No comments ☐

6. Should we consider any other ways for how we organise specialist urgent stroke services in Kent and Medway, and/or where those services are located?

No

No comments ☐

7. When thinking about these proposals for stroke services in Kent and Medway, is there anything else you would like us to take into consideration, or any other comments that you would like to make?

Medway Council's Cabinet formally agreed on 10th April 2018 that **Option D** is their preferred Option and would deliver the best outcomes for stroke patients.

No comments ☐

8. Please indicate how happy you are with the way you have been consulted with about these proposals.

(please tick the box)

Very happy	
Happy	x
Neither happy nor unhappy	
Unhappy	
Very unhappy	
Don't know	

9. If you would like to comment on the way the consultation has been run, please add your comment here.

We recognise and support the one week extension to the consultation due to adverse weather conditions. This has enabled greater opportunity for consultation response.

No comments ☐

10. Where did you hear about this consultation?

Please tell us a few things about you.

11. What is your postcode (e.g. ME20 6WT)?

ME4 4TR

(We will only use this information to help us analyse our consultation responses – we will not contact you or pass this on to third parties)

12. Are you responding on behalf of an organisation?

☐ ✓Yes ☐ ~~No~~

If yes, please state the name of the organisation:

Medway Council Cabinet

~~If no, and you are responding as an individual,~~ please complete the rest of the questionnaire to help our equalities monitoring.

13. Which of the following best describes you?

- ☐ A patient or member of the public
- ☐ Healthcare professional
- ☐ Social care professional
- ☐ Public health professional
- ☐ Board member/governor/non-executive director
- ☐ Another type of NHS or Council colleague (e.g. management, administration, clinical support)
- ☐ Third sector/voluntary/charity
- ☐ worker Other (please state)

Equalities monitoring

We recognise and actively promote the benefits of diversity and we are committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties. This information is optional to complete.

14. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Prefer not to say

15. If female, are you currently pregnant or have you given birth within the last 12 months?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

16. What is your age?

- ☐ Under 16
- ☐ 16-24
- ☐ 25-34
- ☐ 35-59
- ☐ 60-74
- ☐ 75+
- ☐ Prefer not to say

17. What is your ethnic group?

White

- ☐ English/Welsh/Scottish/ Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background, please describe:

Mixed/Multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed/Multiple ethnic background, please describe:

Asian/Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background, please describe:

Black African/ Caribbean/ Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black/African/ Caribbean background, please describe:

Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group, please describe:
- ☐ Prefer not to say

18. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months?

(Please select all that apply)

- ☐ Vision (such as due to blindness or partial sight)
- ☐ Hearing (such as due to deafness or partial hearing)
- ☐ Mobility (such as difficulty walking short distances, climbing stairs)
- ☐ Dexterity (such as lifting and carrying objects, using a keyboard)
- ☐ Ability to concentrate, learn or understand (learning disability/difficulty)
- ☐ Memory
- ☐ Mental ill health
- ☐ Stamina or breathing difficulty or fatigue
- ☐ Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- ☐ No
- ☐ Prefer not to say
- ☐ Any other condition or illness, please describe

_____

_____

_____

19. What is your sexual orientation?

- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual/straight
- ☐ Lesbian
- ☐ Prefer not to say
- ☐ Other (please state)

_____

20. Are you:

- ☐ Single
- ☐ Living in a couple
- ☐ Married/civil partnership
- ☐ Married (but not living with husband/wife/civil partner)
- ☐ Separated (but still married or in a civil partnership)
- ☐ Divorced/dissolved civil partnership
- ☐ Widowed/surviving partner/civil partner
- ☐ Prefer not to say
- ☐ Other relationship (please state)

_____

21. What is your religion and belief?

- ☐ No religion
- ☐ Buddhist
- ☐ Baha'i
- ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ☐ Hindu
- ☐ Jain
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other (please specify)

_____

- ☐ Prefer not to say

22. Caring responsibilities

Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?

☐ Yes ☐ No

Thank you for taking the time to review our proposals and respond to this survey.

Please post your completed survey to

FREEPOST KENT AND MEDWAY NHS

to arrive by the **13 April 2018.**

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Our questions to you

Now that you have read the proposals outlined in this document, we'd like to hear what you think about them. If you would prefer, you can complete the survey online at www.kentandmedway.nhs.uk/stroke .

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(please tick the box)

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2: There are convincing reasons to have 3 hyper acute stroke units in Kent and Medway. *(See page 24 of document)*	x					
3: Creating 3 hyper acute stroke units would improve the quality of urgent stroke care for patients in Kent and Medway. *(See section 6 of document)*	x					
4: Creating 3 hyper acute stroke units would improve access to diagnosis and specialist treatment in the 72 hours following a stroke for patients in Kent and Medway. *(See section 6 of document)*	x					
5: There are convincing reasons to locate acute stroke units and TIA ('mini stroke') clinics on the same sites as hyper acute stroke units. *(See pages 24/25 of document)*	x					

2. Thinking about your response to the five statements for the previous question, do you have any comments to make on the potential advantages or disadvantages of the proposed changes to urgent stroke services in Kent and Medway?

No comments ☐

3. We have used 5 criteria to help us weigh up the pros and cons of potential locations for hyper acute stroke units. We will continue to consider the criteria in our decision-making and would like your views on which are most important.

Please rank the criteria in your order of importance, with 1 being the most important and 5 the least important.

Criteria	Order of importance
The option would improve access to urgent stroke services for patients	2
The option would be straightforward to implement	5
The option would represent good value for money	3
The option would improve the quality of urgent stroke services for patients	1
The option would help recruit and retain staff for urgent stroke services	4

4. Are there any other criteria you think we should consider in our decision-making?

No comments ☐

5. Thinking about the criteria above, please rank the 5 shortlisted site options in order of preference, with 1 being your preferred option.

Option	Order of importance
A. Darent Valley, Medway Maritime, William Harvey	
B. Darent Valley, Maidstone, William Harvey	
C. Maidstone, Medway Maritime, William Harvey	
D. Tunbridge Wells, Medway Maritime, William Harvey	1
E. Darent Valley, Tunbridge Wells, William Harvey	

Please tell us a bit more about why you have given this ranking.

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Three of the five possible options propose locating stroke services in Medway, and there are a number of other factors for consideration, which would support the location of these vital services in Medway.

Our population in Medway is at greater risk of stroke due to the large number of elderly residents, high levels of deprivation and higher than average numbers of smokers.

Medway Council provides Adult Social Care services for the people of Medway, including vital services that support the rehabilitation and ongoing care of people who have suffered from a stroke. By locating one of the hyper acute units in Medway, this will ensure a seamless transition for Medway residents from Medway hospital back out into the community. This supports the delivery of Medway Council's vision for Adult Social Care.

Medway is the largest urban area in the south east outside London and Medway Hospital currently cares for the highest number of stroke patients in Kent and Medway. Medway Hospital already has a wide range of supporting services needed to treat stroke patients, making it ideally placed to become a hyper acute stroke unit.

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Additionally, impact analysis has also been completed by the Medway Public Health Intelligence Team who analysed proposals A – E.

Both sets of analysis indicate that **Option D** would have the greatest positive impacts and the least negative impacts for equality and travel and access for Medway residents.

Travel and Access Analysis

For shortlisted proposals (A-D) the Mott MacDonald report states that Proposal D has the least negative impact upon accessibility as 84 per cent of patients can still access stroke services within 30 minutes and proposal B has the most negative impact with 79 per cent of patients able to access stroke services within 30 minutes; see page 26 of the Mott MacDonald report.

Analysis completed by the Medway Public Health Intelligence Team for proposals A - E also found that proposal D has the least negative impact upon accessibility as 87 per cent of residents can still access stroke services within 30 minutes. However, this analysis found that proposal A has the most negative impact, with only 80 per cent of residents able to access stroke services within 30 minutes.

Equality Impacts

The Mott MacDonald report identified older people as having a disproportionate need for stroke services. High blood pressure is a key risk factor for strokes and this is common in older people.

For all shortlisted proposals (A-D), Mott MacDonald found no disproportionate impacts for patients aged 65 and over. This patient group was within five percentage points of the change to the patients overall for all proposals.

The analysis completed by the Medway Public Health Intelligence Team found no disproportionate impacts for residents aged 65 and over for proposals A to E. However, it is important to note the following points:

- Proposal A has the most negative impact upon accessibility as only 77 per cent of residents aged 65 and over would be able to access stroke services by blue light ambulance within 30 minutes, which is a reduction of 23 percentage points.

- Proposal D has the least negative impact upon accessibility as 84 per cent of residents aged 65 and over would be able to access stroke services by blue light ambulance within 30 minutes.

No comments ☐

6. Should we consider any other ways for how we organise specialist urgent stroke services in Kent and Medway, and/or where those services are located?

No

No comments ☐

7. When thinking about these proposals for stroke services in Kent and Medway, is there anything else you would like us to take into consideration, or any other comments that you would like to make?

Medway Council's Health and Wellbeing Board formally supports Cabinet response to the consultation in that **Option D** is their preferred Option and would deliver the best outcomes for stroke patients. This is with the exception of the Medway Clinical Commissioning Group (CCG) Member of the Board, who was unable to express support for any option at this stage due to the CCG's involvement with the decision making process.

No comments ☐

8. Please indicate how happy you are with the way you have been consulted with about these proposals.

(please tick the box)

Very happy	
Happy	x
Neither happy nor unhappy	
Unhappy	
Very unhappy	
Don't know	

9. If you would like to comment on the way the consultation has been run, please add your comment here.

We recognise and support the one week extension to the consultation due to adverse weather conditions. This has enabled greater opportunity for consultation response.

No comments ☐

10. Where did you hear about this consultation?

Please tell us a few things about you.

11. What is your postcode (e.g. ME20 6WT)?

ME4 4TR

(We will only use this information to help us analyse our consultation responses – we will not contact you or pass this on to third parties)

12. Are you responding on behalf of an organisation?

☐ ✓Yes ☐ ~~No~~

If yes, please state the name of the organisation:

Medway Council Health and Wellbeing Board

~~If no, and you are responding as an individual,~~ please complete the rest of the questionnaire to help our equalities monitoring.

13. Which of the following best describes you?

- ☐ A patient or member of the public
- ☐ Healthcare professional
- ☐ Social care professional
- ☐ Public health professional
- ☐ Board member/governor/non-executive director
- ☐ Another type of NHS or Council colleague (e.g. management, administration, clinical support)
- ☐ Third sector/voluntary/charity
- ☐ worker Other (please state)

Equalities monitoring

We recognise and actively promote the benefits of diversity and we are committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties. This information is optional to complete.

14. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Prefer not to say

15. If female, are you currently pregnant or have you given birth within the last 12 months?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

16. What is your age?

- ☐ Under 16
- ☐ 16-24
- ☐ 25-34
- ☐ 35-59
- ☐ 60-74
- ☐ 75+
- ☐ Prefer not to say

17. What is your ethnic group?

White

- ☐ English/Welsh/Scottish/ Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background, please describe:

Mixed/Multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed/Multiple ethnic background, please describe:

Asian/Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background, please describe:

Black African/ Caribbean/ Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black/African/ Caribbean background, please describe:

Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group, please describe:
- ☐ Prefer not to say

18. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months?

(Please select all that apply)

- ☐ Vision (such as due to blindness or partial sight)
- ☐ Hearing (such as due to deafness or partial hearing)
- ☐ Mobility (such as difficulty walking short distances, climbing stairs)
- ☐ Dexterity (such as lifting and carrying objects, using a keyboard)
- ☐ Ability to concentrate, learn or understand (learning disability/difficulty)
- ☐ Memory
- ☐ Mental ill health
- ☐ Stamina or breathing difficulty or fatigue
- ☐ Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- ☐ No
- ☐ Prefer not to say
- ☐ Any other condition or illness, please describe

_____

_____

_____

19. What is your sexual orientation?

- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual/straight
- ☐ Lesbian
- ☐ Prefer not to say
- ☐ Other (please state)

_____

20. Are you:

- ☐ Single
- ☐ Living in a couple
- ☐ Married/civil partnership
- ☐ Married (but not living with husband/wife/civil partner)
- ☐ Separated (but still married or in a civil partnership)
- ☐ Divorced/dissolved civil partnership
- ☐ Widowed/surviving partner/civil partner
- ☐ Prefer not to say
- ☐ Other relationship (please state)

_____

21. What is your religion and belief?

- ☐ No religion
- ☐ Buddhist
- ☐ Baha'i
- ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ☐ Hindu
- ☐ Jain
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other (please specify)

_____

- ☐ Prefer not to say

22. Caring responsibilities

Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?

☐ Yes ☐ No

Thank you for taking the time to review our proposals and respond to this survey.

Please post your completed survey to

FREEPOST KENT AND MEDWAY NHS

to arrive by the **13 April 2018.**

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Date: 19 April 2018

To - km.stroke@nhs.net

Dear Mr Glenn Douglas, Chief Executive, Kent and Medway Sustainability & Transformation Partnership and Mr Mike Gill, Chairman of the CCG Joint Committee,

KENT AND MEDWAY STROKE REVIEW

I am writing to you as Chairman of the Our Healthier South East London Joint Health Overview and Scrutiny Committee (OHSEL JHOSC) in connection with the above review. The OHSEL JHOSC was established to scrutinise the STP in South East London and consider any proposals which affect the delivery of health services in the London Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. Representatives of each of these Boroughs are Members of the JHOSC.

Stroke services in South East London are already delivered through a network of Hyper Acute and Acute Stroke Units, similar to the model being proposed in the Kent and Medway Stroke review. Therefore any changes to stroke services which, resulting from your review, may see them being removed from Darent Valley Hospital (DVH) will have implications for stroke services across South East London and not just in Bexley, whose Health Scrutiny Committee are statutory consultees.

I decided therefore, as Chairman of the OHSEL JHOSC, that the issue should be considered at our most recent meeting on 12th March 2018. During the meeting concerns were raised by Members about potential increases in patient flows into SE London should stroke services be removed from DVH, particularly given that your pre-consultation business case states that Hyper Acute Stroke Units (HASUs) in SE London are already at full capacity. Specific concerns were raised about potential pressures on stroke services at the Princess Royal University Hospital (PRUH) given its proximity to Kent and also University Hospital Lewisham (UHL). This is because for many residents who would use the HASU at the PRUH, the ASU at UHL would be their local stroke unit should services not be available at DVH. All options upon which you are consulting that do not include DVH as a HASU show a significant increase in patients flowing to the PRUH.

We strongly feel that SE London residents should not be adversely affected or see their access to stroke services reduce as a result of increased patient flows from Kent. If stroke services are removed from DVH, the OHSEL JHOSC requires further clarity on the impact on acute stroke services in South East London. Assurances are sought that there is capacity to manage the projected increase in patients and if not, how this will be addressed. We think there are questions that need to be answered about where patients will be diverted should the HASU at the PRUH reach capacity, because this will have a further impact on travel times and accessibility of services, which do not appear to have been considered in your impact assessment.

Having considered the consultation options and the wider impact for SE London, the OHSEL JHOSC agreed that stroke services should be retained at DVH, particularly in light of the current pressures on the PRUH and UHL. **The OHSEL JHOSC's preferred options for stroke services in Kent and Medway are therefore options A, B and E, that include services being retained and enhanced at DVH.**

Yours sincerely,

Cllr James Hunt
Chairman of Our Healthier South East London Joint Health Overview and Scrutiny Committee

Transforming health and social care in Kent and Medway

Kent and Medway Sustainability and Transformation Partnership

Stroke Joint Health Overview and Scrutiny Committee

Discussion Document

05 July 2018

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

NHS

Agenda

Item		Time
Welcome, introductions and objectives	PD	14:00
Consultation review	LR/SH	14:10
Options evaluation	PD	14:45
Workforce update	PD	15:15
Next steps	PD	15:35
AOB	PD	15:50

Objectives (Patricia Davies)

The Joint Health Overview and Scrutiny Committee is asked to:

a) **NOTE and DISCUSS** the consultation response
b) **NOTE** the options evaluation principles
c) **NOTE** the workforce update
d) **NOTE** the next steps
e) **AGREE** further meeting dates

Consultation responses (Lucy Readings/Steph Hood)

Facts and figures

- 2,240 responses to the online questionnaire
- 312 hard copy questionnaires
- Notes from 28 public listening events attended by 850 people
- Notes from meetings and forums hosted by others where we discussed the proposals
- Notes from consultation events with staff in NHS trusts
- 201 telephone interview responses
- Notes from 442 face to face discussions through focus groups, street surveys and outreach engagement
- 500+ email / postal / phone comments and questions
- 500+ comments and questions through social media
- 1,683 postcard responses and a petition with ~3500 signatures received from a group in Thanet
- >14,000 users on our website and >50,000 page views during the consultation period
- Twitter reach >500,000; Facebook reach >50,000; >4,000 page engagements on Facebook; YouTube >1,000 views of our videos

Option evaluation principles (Patricia Davies)

Overarching principles:

1. The aim of the options evaluation is to differentiate between the options in order to determine a preferred option

2. The evaluation criteria used within the PCBC will be applied to maintain consistency

3. Additional evaluation criteria will only be added if it should emerge from the consultation

4. The evaluation criteria will be weighted to differentiate between options

Options evaluation process

- The evaluation criteria to be agreed and applied by the Stroke Joint Committee of CCGs
- Individual sites to be evaluated against each of the sub-criteria and assigned an evaluation:

- Each option to be assigned an evaluation against each of the sub-criteria using the individual site evaluations within that option

The evaluation criteria used in the PCBC:

	Criteria	Sub-criteria
1	Quality of care for all	• Clinical effectiveness and responsiveness • Safety • Patient experience
2	Access to care for all	• Distance and time to access services • Service operating hours
3	Workforce	• Scale of impact • Sustainability • Impact on local workforce
4	Ability to deliver	• Expected time to deliver • Co-dependencies with other strategies • Trust ability to deliver
5	Affordability and value for money	• Revenue costs • Capital costs • Transition costs • Net present value

How should the criteria be weighted?

The South East Coast Clinical Senate has set out the clinical co-dependencies required for a HASU

Service should be co-located in the same hospital

- Emergency medicine
- Acute and General Medicine
- Elderly Medicine
- Respiratory Medicine
- Urgent GI Endoscopy
- Critical Care (adults)
- Gen Anaesthetics
- Acute Cardiology
- X-ray and diagnostic ultrasound
- CT
- MRI
- OT
- Physio
- Acute (Liaison) Mental Health

Service should come to patient (patient transfer not appropriate), but could be provided by visiting/inreach from another

- Nephrology
- Palliative Care
- Neurology
- Speech and Language
- Dietetics

Ideally on same site but could alternatively be networked via robust emergency and elective referral and transfer protocols

- Medical Gastroenterology
- Ophthalmology
- General Surgery
- Trauma
- Orthopaedics
- Hub Vascular Surgery
- Neurosurgery
- Critical Care (paediatric)*
- Acute Stroke Unit
- Inpatient dialysis
- Acute Paediatrics
- Nuclear Medicine
- IR
- Clinical and lab microbiology
- Urgent diagnostic haematology
- Acute inpatient rehabilitation

Pathway development (Patricia Davies)

The Stroke Clinical Reference Group is focussed on developing the following pathways:

- TIA
- Rehabilitation and ESD
- Neuro surgery
- Decompressive surgery
- Haemorrhagic stroke
- Mechanical thrombectomy
- Intra-hospital transfers

Draft pathways to be developed by 31 August 2018

Workforce update (Patricia Davies)

- Following the Programme Board update in April, a workforce group consisting of Stroke leads (clinical and management) has met twice with a further meeting booked on 29 June
- The sessions have focussed on developing the workforce implementation plan

Key actions agreed for Q1/Q2:

- Development of workforce working principles- to be developed in June meet
- Workforce modelling approach-
  - Updated baseline due from providers 22 June
  - awaiting outputs from EK competency assessment (University of Lancashire) to agree approach- due end of June
  - reviewing update to Clinical Standards workforce numbers
- Pulse survey to staff running from 15 June to 30 June
- Providing a series of K&M engagement workshops for staff (booked for 20/7, 13/8 and 12/9)
- Joint recruitment event planned for Sept 18
- Develop a joint education and training plan with priority programmes- identified through EK competency assessment
- OD support being provided from the STP OD and Leadership group

Stroke 2018-19 timeline and milestones

	2018/19									2019/20
	June	July	Aug	Sept	Oct	Nov	Dec	Q4	2019/20	Beyond
Stroke workforce group	Workforce group 29/6 CRG & Programme Board update			Workforce group	Workforce group	Workforce group	Workforce group	Workforce group		
Comms and engagement	Staff Pulse survey	20/7 Staff engagement workshop	13/8 Staff engagement workshop	12/9 Staff engagement workshop	TBC					
Workforce modelling	K competency assessment Refreshed baseline 22/6	Review workforce modelling	Review workforce modelling		DRAFT PLAN IN DEVELOPMENT					
Attraction and retention	Working principles			Recruitment event						
Education and training	HEE apprenticeship and HEE Clinical educaion leads pat of group	Review education need following competency assessment								

Decision Making Business Case timeline (Patricia Davies)

Workstream	Detailed work required	Owner	Deadline for completion
Consultation	• Develop consultation delivery report • Consider consultation responses in detail	Comms JCCG	Jun
Choosing a preferred option	• Update activity modelling and review evaluation of min/max activity levels • Detailed implementation planning and independent review • Updated capital costing and sensitivity analysis • Identify preferred option	CRG CRG/FWG FWG JCCCG	Aug
Financial impact of preferred option	• Agree ambulance costs • Transition costs • Update financial modelling • Commissioner agreement of funding • Agree source of capital	FWG	Sept-Nov
Implementation planning	• IM&T • Workforce planning • Benefits realisation • Equalities action plan • Detailed clinical pathways • Risks	FWG CRG CRG PMO CRG PMO	Sept-Nov
Development of DMBC	• Develop and review DMBC • Finalise DMBC	PMO	Draft Oct Final Dec
Assurance of the proposals	• Clinical Senate • NHSE/I • JHOSC	CRG PMO PMO	Sept-Nov Nov/Dec TBC
Decision making	• Final review of DMBC and decision-making meeting	JCCCG	Dec
Stakeholder engagement	• Engagement with any groups identified during consultation • On-going engagement with stakeholders	PMO	On-going

Suggested further meetings with JHOSC

- **Preferred option workshop: 16 August 2018**
- **Final decision expected: Mid December 2018**

It is proposed to meet with the JHOSC prior to these key dates so the Joint Committee of CCG can take account of the JHOSC's feedback in their decision making.

AOB (Mike Gill)