KENT COUNTY COUNCIL

KENT AND MEDWAY STROKE REVIEW JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee held in the Council Chamber - Sessions House on Tuesday, 26 February 2019.

PRESENT: Mrs S Chandler (Chair), Cllr D Wildey (Vice-Chairman), Ida Linfield, Mr K Pugh, Cllr W Purdy, Cllr D Royle, Cllr C Belsey, Cllr J Howell, Cllr R Diment, Cllr A Downing, Cllr D McDonald (Substitute) and Mr P J Messenger (Substitute)

IN ATTENDANCE: J Kennedy-Smith (Scrutiny Research Officer, Kent County Council), Mr J Pitt (Democratic Services Officer, Medway Council), Ms L Peek (Principal Scrutiny Officer, Bexley Council) and Mr T Godfrey (Scrutiny Research Officer, Kent County Council)

UNRESTRICTED ITEMS

20. Substitutes
(Item 1)

Apologies were received for Mr Bartlett, who was substituted by Mr Messenger and Councillor Murray, who was substituted by Councillor McDonald.

21. Declarations of Interests by Members in items on the Agenda for this meeting
(Item 2)

There were no declarations of interest.

22. Minutes
(Item 3)

RESOLVED that the minutes of the meeting held on 1 February 2019 are correctly recorded and that they be signed by the Chair.

23. Kent and Medway Stroke Review
(Item 4)

Rachel Jones (Senior Responsible Officer, Kent and Medway Stroke Review), Glenn Douglas (Accountable Officer, Kent and Medway CCGs) and James Pavey (Regional Operations Manager, South East Coast Ambulance Service NHS Foundation Trust (SECAmb)) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. The Chair acknowledged receipt of a number of representations from members of the public. The Chair said that she had read all of the representations carefully, noted the points made and referred to the key themes – consideration of referral to the Secretary of State, travel times and an American research paper.

(2) Ms Jones drew the Committee's attention to the Joint Committee of Clinical Commissioning Groups (JCCCG) resolutions and that an additional resolution had been included regarding prevention.

(3) The Chair enquired specifically about the American research paper. Ms Jones said that the paper focussed on mechanical thrombectomy and described the process involved. She confirmed that such services were available in London and that consideration had been given to this. Ms Jones said that discussions had been held with the author but reiterated that if mechanical thrombectomy was thought to be the best treatment for the patient then it would be okay, in discussion with the team, to move them to London. She said that the network would continually look at developments in technology and gave assurance that plans were in place to support patients if the process was required.

(4) A Member enquired about the removal of services at the Queen Elizabeth The Queen Mother Hospital (QEQM), travel times and reducing health inequalities. Ms Jones said she understood the concerns raised and that the focus of the stroke review and work with partners was focussing on prevention and reducing inequalities as strokes were preventable. She said that work was being undertaken with relatives, carers and those in remote areas following the development of travel advisory groups and that a commitment had been made to work with people in their local areas.

(5) A Member referred to the JCCCG minutes and sought clarity on the timeline for the rehabilitation business case and work on prevention. Ms Jones said in relation to rehabilitation services all services will be delivered locally but emphasised that careful consideration was being given to not destabilising neuro rehabilitation. She confirmed that the live audit had been completed and said that gaps in knowledge were still there. Ms Jones confirmed that the terms of reference of the JCCCG was following through and that a commitment had been made for the business case to be completed by the end of May, with follow up pieces being delivered locally.

(6) Ms Jones said that the Kent and Medway Sustainability and Transformation Partnership (STP) had a prevention workstream and that work already existed. She continued that everyone recognised causes of stroke and that the prevention workstream, assisted by public health were looking at the associated factors such as diabetes, atrial fibrillation and obesity. Ms Jones said that the JCCCG had emphasised a need for this in relation to strokes.

(7) Mr Douglas said in reference to concerns raised about the Thanet population, that there was a two-stage commitment to significantly improve services within Thanet and part of the rehabilitation service would be in the QEQM but emphasised that there was a lack of service in people's homes.

(8) Mr Douglas said that the implementation plan picks up three strands coming together to give one unified implementation strand – hyperacute/acute, rehabilitation and prevention.

(9) A Member said that the live audit should have been completed earlier and queried if the audit would have influenced the final decision. Ms Jones said that the business case has been explicit that it was HASU/ASU focussed but that the review had received a huge amount of feedback that the current rehabilitation service was not good enough and that this be included due to its importance. She emphasised that there was responsibility for the whole pathway and if rehabilitation services were not reviewed, other units could be compromised.

(10) Ms Jones referred to the decision-making process and said that rehabilitation had not been one of the evaluation criteria. She confirmed that decisions were made on having the right services and not based on existing variations and would lead to eliminating outcome inconsistencies.

(11) Some Members expressed concern that the results of the consultation had not been listened to and that the public were not being well served.

(12) A Member agreed that the introduction of Hyper Acute Stroke Units (HASUs) would bring an excellent service but raised concerns regarding access. The Member also queried the definition of health inequalities in correlation to the option chosen, specifically referencing Medway resident's inability to access the service. Ms Jones said that the review had always acknowledged that there were difficulties in access and geography. She said that this would mean longer access times for a proportion of the population but that steps were being taken to minimise that with treatment at the 'front door' being quicker.

(13) Members enquired about capacity. Ms Jones referred to previous attendances before the JHOSC which identified the processes to develop capacity following the feedback from the South East Clinical Senate. She said that work was completed to collect data on the aging population and impacts of housing growth. Ms Jones highlighted the committee's previous recommendation to provide further work on this and said that separate work was carried out to look at newer housing developments in the Thames Gateway to underpin the research. She felt assured that the worst-case scenario had been accounted for by the ongoing mitigations taken at each stage of discussion with the Committees but that checks would continue on demand.

(14) Following a concern raised about a focus on frailty, the Chair asked if there was a clinical definition of this. Mr Pavey said that there was a national

scoring system and that it was not necessarily related to age. He confirmed that there was a medical definition which was the ability to mobilise and to be able to take of yourself – this did not necessarily correlate to age.

(15) A Member enquired if money would be diverted from the financial envelope for the HASUs to the prevention and rehabilitation work being undertaken. Ms Jones confirmed that the money determined for the HASU/ASU would not be diverted and that additional money would be needed. Mr Douglas recognised that there was a need to spend more money and that this would need to be targeted to pockets of deprivation. He confirmed that targeted work was being undertaken to address the disproportions that existed; public health would assist with this work.

(16) Some Members emphasised that the Committee should be considering the benefits to the whole NHS service and that nationally this model was being developed.

(17) The Chair confirmed that she supported the decision being made by the JCCGs due to the principle of HASUs being agreed all the way along, primarily because HASUs save lives.

(18) A proposal from Councillor Wildey was moved and seconded by Councillor McDonald:

That the joint HOSC acknowledged the concerns raised by Medway Council that the proposed location of three HASU's in Kent and Medway, which excludes Medway Maritime Hospital as one of those sites, is not in the interests of the health service in Kent and Medway. This is based on the evidence previously provided by Medway relating to health inequalities, insufficient capacity and flaws in the methodology used for selection of the preferred option. It is of grave concern that the decision-making business case for Option B has been signed off with key workstreams relating to prevention, rehabilitation and financial sustainability incomplete.

The Joint HOSC therefore agrees that the four relevant Committees consider the proposed reconfiguration of hyper acute stroke services across Kent and Medway be referred to the Secretary of State for Health and to call on him to ask for an evidence based review of the concerns raised by Medway with particular emphasis on the scope of Option B to deliver a reduction in health inequalities as opposed to Option D.

(19) The proposed recommendation was NOT AGREED.

(20) A proposal from Councillor Belsey was moved and seconded by Councillor Diment:

This committee recommends that the relevant committees of the partaking authorities support the decision of the Joint Committee of CCGs subject to the NHS making an undertaking to review the provision of acute and hyper acute services should demographic changes require it.

(21) The proposal was AGREED and became the formal recommendation.

(22) *RESOLVED that:*

This committee recommends that the relevant committees of the partaking authorities support the decision of the Joint Committee of CCGs subject to the NHS making an undertaking to review the provision of acute and hyper acute services should demographic changes require it.