HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 21st May, 2019

10.00 am

Council Chamber - Sessions House, Maidstone, Kent, ME14 1XQ

Kent County Council
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AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 21st May, 2019, at 10.00 am
Council Chamber - Sessions House

Ask for: **Kay Goldsmith**
Telephone: **03000 416512**

Tea/coffee will be available 15 minutes before the start of the meeting

Membership

Conservative (11):	Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Mrs L Game, Ms S Hamilton, Mr P W A Lake, Ms D Marsh, Mr K Pugh and Mr I Thomas
Liberal Democrat (1)	Mr D S Daley
Labour (1):	Ms K Constantine
District/Borough Representatives (4):	Councillor J Howes, Councillor D Mortimer, and Councillor M Peters, (1 vacancy)

Webcasting Notice

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UNRESTRICTED ITEMS

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

Item

1. Membership

2. Substitutes

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

4. Minutes (Pages 5 - 20)

5. Kent and Medway Stroke Review (Pages 21 - 32)

6. Work Programme (Pages 33 - 38)

7. Date of next programmed meeting – Thursday 6 June 2019

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

13 May 2019

Please note that any background documents referred to in the accompanying papers may be inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber - Sessions House on Friday, 1 March 2019.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Mr N J Collor, Ms K Constantine, Mrs L Game, Ms S Hamilton, Mr P W A Lake, Mr I Thomas, Cllr J Howes and Cllr M Lyons

IN ATTENDANCE: J Kennedy-Smith (Scrutiny Research Officer)

UNRESTRICTED ITEMS

113. Membership
(Item 2)

To note that Ms Constantine has replaced Mr Farrell on the Committee.

114. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 3)

(1) Mr Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.

(2) Mrs Game declared an interest, in relation to Agenda Item 5, as some family members are under the services of North East London NHS Foundation Trust

(3) Mr Lake declared an interest as a former Non-Executive Director of Kent and Medway NHS and Social Care Partnership Trust

(4) Mr Thomas declared an interest, in relation to any discussion regarding a new hospital in Canterbury, as a member of the Canterbury City Council's Planning Committee.

115. Minutes
(Item 4)

RESOLVED that the Minutes of the meeting held on 25 January 2019 are correctly recorded and that they be signed by the Chair.

116. Children & Young People's Emotional Wellbeing & Mental Health Service and All Age Eating Disorder Service
(Item 5)

Dave Holman (Head of Mental Health, Children and Maternity Commissioning, West CCG), Brid Johnson (Director of Operations, Kent, North East London NHS Foundation Trust (NELFT)), Dr David Chesover (Mental Health Clinical Lead, Kent

and Medway CCGs) and Nina Marshall (Integrated Service Manager, Kent and Medway Eating Disorder Service, North East London NHS Foundation Trust (NELFT)) were in attendance for this item.

(1) The Chair welcomed the guests and noted that a letter had been received from Greg Clark MP which had been circulated to Members and Guests. The Chair proceeded directly to questions. Members enquired about waiting lists, area variations and adequate resourcing. Mr Holman recognised that demand remained high and that waiting times had not gone down in terms of numbers reported but emphasised that the service was seeing children quicker. He said that from a commissioning point of view he was confident that the service was doing its best to reduce waiting times and at the same time meet the increase in demand. Mr Holman said that the offer overall was improving, as requested.

(2) Mr Holman said that waiting times for neuro developmental provision (NDLD) meant that case complexity may have changed and emphasised that a need for there was a need for local pathways to be clear and any gaps in provision filled. He said that work was taking place with local authorities to target additional resources that may come through.

(3) Ms Johnson said that NELFT was commissioned to provide NDLD services countywide and that there was variation in primary care arrangements across the County. She said that four pilots were taking place in general practice areas to speed up the process and said that the change in resources would help make the most difference.

(4) Dr Chesover said that access was faster than it used to be, with greater numbers being seen. Additionally, he said that since 2017 the number of complaints compared to previous years had reduced amongst the backdrop of increased demand. Dr Chesover emphasised that there were lots of reasons for some needs not being met and that they were multifactorial. He said that the frustrations that the Committee were feeling were also felt in the system.

(5) Dr Chesover highlighted that much earlier intervention was required across the whole system and was hopeful that this would improve over time. He said that engagement with education systems was made further difficult by differences in control. Dr Chesover said that he was seeing less resilience in children and how they sit in society, which was exemplified by children presenting earlier with self-harm.

(6) The Chair asked how Kent compared to some services outside Kent. Mr Holman said that children and young people were presenting with more complex needs and that children in crisis are higher. He confirmed that demand was increasing – 25,000 contacts - but that Kent was not an outlier compared to the rest of the country; reiterating that demand was increasing across the country. Mr Holman said that he was aware of some services out with Kent closing their books but that in Kent there was a duty to meet the increase in demand and that this would not happen. He confirmed that this service was comparative against other services in the country in terms of demand and performance.

(7) A Member enquired about steps for the future, staffing and the four pilots. Mr Holman said that Kent had received £3-4m a year for the county and that this developed the local transformation plan, which had been complemented by NHS England. He said that this covered a range of services from working in schools, crisis work and working with unaccompanied asylum seekers. Mr Holman highlighted that he hoped the NHS Long Term Plan would continue to commit additional resource to continue the Future in Mind programme – currently in year three of four. He said that Kent spent £1.2m in relation to waits – to meet demand but also meet the access target (32%) for the future in mind allocation. Mr Holman confirmed than NHS England as a result of the funding provide additional scrutiny.

(8) Ms Johnson said that in relation to staffing there were three areas of challenge – crisis teams, Single Point of Access (SPA) and medical staffing. She said that they were lucky to recruit temporary staff but that permanent staff was needed. She explained that an incentive scheme had been created to boost recruitment.

(9) Ms Johnson gave an overview of the four pilots and said that they were taking place in East Kent. She said that training was taking place on protocols to pilot the review of medication and practice in Dover and Folkestone. Ms Johnson said that work was also taking place within Swale and Dartford and that early intervention workers had been put in place. She confirmed that if the pilots were successful the evidence base would come back to the Local Transformation Board.

(10) Some Members felt concerned that there was not enough resource to meet demand and questioned if more money was required for the service.

(11) The Chair, acknowledging the All Age Eating Disorder Service in Kent and Medway report and on behalf of the committee recognised that the service was meeting the needs of young people.

(12) RESOLVED that:

(a) The Committee has serious and increasing concerns regarding the ability of the current children and young people's emotional and wellbeing mental health service to effectively meet the needs of all children and young people with mental health issues in Kent;

(b) The Chair, on behalf of the Committee, writes to Anne Eden, Executive Regional Managing Director (South East) to express those concerns; and

(c) The CCG provide an update, including information on the disparities for East and West Kent and plans to reduce such disparity, to the Committee in six months.

117. East Kent Hospitals University NHS Foundation Trust - Care Quality Commission Inspection of Children's and Young People's Hospital Services
(Item 6)

Liz Shutler (Deputy Chief Executive, East Kent Hospitals University NHS Foundation Trust (EKHUFT)), Lesley White (Director of Performance, East Kent Hospitals

University NHS Foundation Trust (EKHUFT)), Lizzie Worthen (Interim Head of Nursing for Children's Services, East Kent Hospitals University NHS Foundation Trust (EKHUFT)) and Caroline Selkirk (Managing Director, NHS East Kent CCGs)

(1) The Chair welcomed the guests to the Committee. Ms Shutler began by stating that Trust acknowledged the findings of the CQC report and that significant improvements had been made since the inspection, with examples provided in the NHS report. She said that she was confident that the conditions within the report would be removed soon.

(2) A Member enquired about the Padua Ward at William Harvey Hospital investment and the associated impacts during the redesign. Ms Worthen said that parents and patients had been communicated with and mitigations had been put in place for some vulnerable patients. She acknowledged that during this period there was the potential for risk happening to them and that they would therefore be cared for elsewhere in the Trust.

(3) The Member said that he welcomed the work and that this improvement should be communicated with before and after pictures.

(4) A Member enquired about previous plans for the development of a dedicated children's paediatric accident & emergency department, what happened to those plans and how the CQC findings in relation to paediatric care within the accident & emergency setting were being addressed. Ms Worthen acknowledged those concerns and confirmed that the inspection had picked up inadequate flow from reception to designated paediatric areas. She said that action had been taken by the Trust to ensure that children were no longer waiting to be triaged and that children, once seen by reception, were immediately sent to the designated children's area. Ms Worthen stated that children would be triaged within 15 minutes by a trained children's nurse, as per national guidelines.

(5) RESOLVED that the report be noted, and East Kent Hospitals University NHS Foundation Trust be requested to provide an update to the Committee at the appropriate time.

118. East Kent Hospitals NHS University Foundation Trust - Update
(Item 7)

Liz Shutler (Deputy Chief Executive, East Kent Hospitals University NHS Foundation Trust (EKHUFT)), Lesley White (Director of Performance, East Kent Hospitals University NHS Foundation Trust (EKHUFT)), Lizzie Worthen (Interim Head of Nursing for Children's Services, East Kent Hospitals University NHS Foundation Trust (EKHUFT)) and Caroline Selkirk (Managing Director, NHS East Kent CCGs)

(1) Ms Shutler introduced the item by referring to an article in the Health Services Journal reporting that the Trust's A&E times had been the most improved – just under 10% improvement and one of the top ten. She said that she welcomed that the Trust and staff was being recognised for this achievement against the national picture.

(2) The Committee congratulated the Trust on that achievement.

(3) Members enquired about finances, the role of an advanced care practitioners and the orthopaedics pilot. Ms Shutler said that the Trust was currently going through a period of building and opening new capacity such as the new ward at the William Harvey Hospital, a new ward in Canterbury and new medical capacity as a result. She added that to ensure that the Trust was winter ready they were having to use high cost agency staff and to address findings from the CQC report, additional staff were employed to children's services. Ms Shutler confirmed that this meant that it then added financial pressure to the Trust and impacted on its deficit. She acknowledged that this was a system wide issue.

(4) Ms Shutler said that the Trust was working closely with partner organisations and that step change was needed across the system and that local care would bring that. She confirmed that efficiencies would still need to be made throughout the year and would work with commissioners to achieve this.

(5) Ms Shutler informed the Committee that the advanced care practitioners were an exciting development and part as an overall business plan, with a second tranche being acute advanced care practitioners. She continued that the Trust was looking at training a range of staff from all disciplines and nursing backgrounds and that it would aid difficult to recruit specialties.

(6) Ms White highlighted that the service is led by two nurse consultants - one based at the Queen Elizabeth the Queen Mother (QEQM) and another at the William Harvey Hospital and that work was taking place with local universities on an accredited training course. She said that the role would be over a range of disciplines and from different backgrounds. Ms White continued that the first cohort had been trained and that they were working in accident and emergency and acute medicine. She said that this was a valued role and embedded in the recruitment plan, with a plan to bring them in to the middle grade rota and reduce dependency on doctors on high cost agency spend.

(7) Ms Worthen said that the children's advanced practitioner role had been in place for five years and front runners in the role. She emphasised that this was an incredibly good way to use nursing personnel.

(8) Ms Shutler informed the Committee that as a result of phase 1 of the orthopaedics pilot, a high number of patients had come through which had led to less cancellations and had had a positive impact. She confirmed that a business case would be coming through for phase 2, which would look at additional capacity.

(9) The Chair particularly welcomed the information on the Dementia Village and noted the open afternoon dates provided in the report.

(10) RESOLVED that the report on East Kent Hospitals NHS University Foundation Trust be noted and that the Trust be requested to provide an update, including details of the staff survey findings, at the appropriate time.

119. Kent and Medway NHS and Social Care Partnership Trust - Update
(Item 8)

Vincent Badu (Executive Director Partnerships and Strategy, Kent and Medway NHS and Social Care Partnership Trust (KMPT)), Dr Matthew Debenham, Assistant Medical Director for the Acute Care Group, Kent and Medway NHS and Social Care Partnership Trust (KMPT)) and Caroline Selkirk, Managing Director, NHS East Kent CCGs were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. Mr Badu began by stating that following the publication of a CQC report the Trust had received a well led governance inspection rating of 'good'. He said that the report included a comprehensive review of some of the core, acute and specialist services. Mr Badu confirmed that a warning notice that had previously been issued for community mental health services had phenomenally improved.

(2) A Member enquired about the differences between adult mental health and children and young people's mental health and the reasons for the performance of services being so drastically different. He continued that he would welcome work to be undertaken to understand the reasons for this.

(3) The Chair referred to the Kent and Medway Sustainability and Partnership (STP) mental health workstream and wondered if this is something that could be considered as part of their work.

(4) Ms Selkirk said that she nor the provider could comment on another provider but that the report presented by KMPT showed the benefits of the journey. She continued that they continued to keep an eye on work within children's services.

(5) Members enquired about waiting times, assessment including county variations and recruitment and retention. Ms Selkirk said that variation was not acceptable, and work was taking place with the Trust to address this.

(6) Mr Badu said that the CQC report had given a Kent and Medway perspective and that the NHS report presented to the Committee was broken down by geographical area. He continued that the improvement plans in community team services would ensure that services would be in the right place at the right time, in the right way. Mr Badu said that cases were actively reviewed whilst waiting with a clear treatment plan in place to minimise the risk for those waiting.

(7) Dr Debenham informed the Committee that there were significant doctor recruitment issues and that training experiences were being created to develop and recruit in to middle grade to consultant roles to acquire skills to enter the specialist register. He confirmed that an agreement from the KSS Deanery to recruit additional core and higher trainees who would rotate into the same development posts.

(8) Mr Badu said that there was additional recruitment and retention of nurses and that vacancy rate had improved significantly. He stated that nurse skills would lead to progress in the nurse workforce, further enhanced by the advanced practitioners and non-medical prescribers. Mr Badu highlighted that access to such additional development would aid staff retention.

(9) Members enquired about the mother and baby unit, transition from children and young people's mental health services to adult services and bed occupancy and capacity. Mr Badu said that the mother and baby unit provided services across Kent, Surrey and Sussex. He said that the team were part of a wider programme for perinatal mental health services, such as supporting discharge back in to the community and reducing length of stay. Mr Badu highlighted that there was an absence of acute inpatient facilities for patients suffering perinatal mental health and that there was a demand for the service.

(10) A Member referred to women who require intensive care and asked about commissioning of such a service. Mr Debenham informed the Committee that since 2016 there was no female psychiatric intensive care units in Kent and that meant provision was difficult but early conversations were being held with a Kent, Surrey, Sussex solution. He said that separately an enhanced package of support was being developed to bring people back to Kent.

(11) Mr Badu said that in relation to transition from children and young people's mental health services to adult services, that KMPT were working closely with North East London Foundation Trust (NELFT) to ensure that pathways were being developed. He drew attention to the significant programme with clinical pathways documented in the report to ensure that they were appropriate and there was parity in availability at transition.

(12) The Chair asked about the Cranmer Ward and the sale of part of the site. Ms Selkirk said that the CCGs were working with the Trust to understand the service model and develop options. She confirmed that it will be consulted on to ensure that the service model is understood.

(13) RESOLVED that:

(a) The Committee noted the report and KMPT be requested to provide an update at the appropriate time;

(b) The Committee receive an update on the two potential options for change at the St Martin's site at the appropriate time; and

(c) The Chair, on behalf of the Committee, writes to the Kent and Medway Sustainability and Transformation Partnership to consider the relationship between children and young people's mental health services and adult mental health services as part of the Mental Health Workstream.

120. Work Programme
(Item 9)

(1) The Chair confirmed that the Committee would meet on 22 March 2019 to discuss the Kent and Medway Stroke Review and confirmed that the decision for referral was with the Kent Health Overview and Scrutiny Committee. The Chair confirmed that there is a procedure to follow and that this would be communicated to the Committee.

(2) RESOLVED that the Committee considered and agreed the work programme subject to the additions arising from recommendations resolved on the agenda today.

121. Date of next programmed meeting – Friday 22 March 2019
(Item 10)

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber - Sessions House on Friday, 22 March 2019.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Mr N J Collor, Ms K Constantine, Mrs L Game, Ms S Hamilton, Mr K Pugh, Mr I Thomas, Cllr M Lyons, Mr D Mortimer (Maidstone BC), Mrs R Binks (Substitute), Ida Linfield (Substitute) and Cllr P Todd (Substitute)

IN ATTENDANCE: J Kennedy-Smith (Scrutiny Research Officer), Mr T Godfrey (Scrutiny Research Officer) and Dr A Duggal (Deputy Director of Public Health)

UNRESTRICTED ITEMS

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

(1) Mr Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.

(2) Mr Thomas declared an interest, in relation to any discussion regarding a new hospital in Canterbury, as a member of the Canterbury City Council's Planning Committee.

123. Kent and Medway Stroke Review
(Item 3)

Rachel Jones (Acute Strategy Programme Director, Kent and Medway STP), Dr David Hargroves (Stroke Consultant and Chair of the Kent and Medway Stroke Clinical Reference Group), Ray Savage (Strategy and Partnerships Manager, South East Coast Ambulance Service NHS Foundation Trust (SECAmb)) and Steph Hood (Communications and Engagement Advisor, Kent and Medway STP) were in attendance for the item.

(1) The Chair noted that a petition had been received late yesterday from a group called 'Save Our NHS in Kent' (SONiK) which had been forwarded to Democratic Services to be processed in line with County Council procedures. The Chair further acknowledged a new opinion that had been produced by SONiK, as well as the large number of individual representations, sent to Committee Members.

(2) The Chair invited Mr Godfrey to provide an overview of the process for the Committee.

(3) The Chair welcomed the guests to the Committee and requested that a brief overview was provided due to the item not being formally considered by the

Committee since Summer 2015, after which time it had been considered by a Joint Health Overview and Scrutiny Committee (JHOSC) established for the purpose.

(4) Ms Jones informed the Committee about the process that had been undertaken beginning with the production of a case for change. She said that at the first stage there had been 127 options and filter criteria had been applied to reduce the options – moving from 127 to 13 to 5 options. Ms Jones said the remaining 5 options then proceeded to an 11-week public consultation with the output from that leading to the recommended preferred option.

(5) Ms Jones continued that the Decision-Making Business Case (DMBC) was then made and considered by the Joint Committee of Clinical Commissioning Groups (JCCCG), whereby nine resolutions of the JCCCG were agreed.

(6) Ms Jones highlighted that the Case for Change had become more urgent over the 4-5 years this process had taken. She said that despite the hard work and efforts of staff, resources had been spread thinly, the county had the only 'E' rated stroke unit in the country and that it had the only 'D' & 'E' rated units in the South East Coast region. Ms Jones continued that there were performance variations across Kent and Medway.

(7) Ms Jones confirmed that throughout the process feedback had been received from a wide range of organisations and stakeholders, as well as the JHOSC. She stated that all contributions received had led to the refinement of the criteria and that all data used to develop the DMBC was evidence based.

(8) Ms Jones acknowledged that the key themes arising from all engagement activities were a need to change, recognising support for local area hospitals, travel time concerns, deprivation, staffing, rehabilitation, services for Thanet, a general support for Hyper Acute Stroke Units (HASUs) but acknowledging concerns about the number of HASUs in Kent and Medway.

(9) Dr Hargroves gave an overview of his involvement in the Stroke Review and of reviews across the country. He stated that he had not been involved in any other review that had shown such a high quality of engagement as the Kent and Medway Stroke Review had, with the patient firmly at the forefront. Dr Hargroves concluded by saying that the believed that this review would be an exemplar and be followed throughout the country.

(10) Members enquired about staffing, travel times and locations of the HASUs. Dr Hargroves informed the Committee that like other parts of the country, Kent and Medway were experiencing difficulties in recruitment. He continued that retention was also an issue due to unsuitable rotas and unsustainable services. Dr Hargroves said that the current composition of East Kent hospitals meant that junior doctors have said that they would love to work in the area, but the two-site split was not workable. He continued that three locums had left East Kent Hospitals over the last 18 months as they had concluded that there was better working environments elsewhere.

(11) Ms Jones said in relation to travel times that the review had acknowledged that there would be an increase in any travel due to option configurations, and the

question was how the impacts would be managed. She confirmed that the maximum patient journey time was a maximum of 63 minutes and that this was based on East Kent times. Ms Jones said that due to existing centralised services such as trauma services, ambulance journey data gave a current picture of travel times. She stated that the most important aspect was services would be available 7 days a week and the pathway would ensure that definitive decisions and treatment would be processed faster with a dedicated stroke workforce.

(12) Ms Jones explained to the Committee about thrombolysis and said that the national standard for such treatment was 4.5 hours but that the Kent and Medway review was committing to do this within 2 hours.

(13) The Chair enquired specifically about travel times and difficulties in access for relatives and friends. Ms Jones acknowledged that there were serious concerns about difficulties in access and affordability, she understood the need to avoid any further duress. She explained that travel for patients and travel for relatives and friends needed to be tackled separately. She informed the Committee that several travel advisory groups had been established within different communities. Ms Jones said that the groups were devising the best solutions for their local populations and that consideration was being given to fuel vouchers, accommodation, use of technology and working with other organisations on improving bus routes. She confirmed that the groups had a direct link to the JCCCGs to be able to put these suggestions in place.

(14) Ms Jones emphasised that attendance at a HASU is time limited and that rehabilitation was the extended period that would be impacting on patients and family. She said that a commitment had been made to complete a rehabilitation business case by the end of May and that these services would be closer to home.

(15) Dr Hargroves, referring to HASU locations, said that if there was enough staff then all six current units would be kept open but that staffing numbers were not adequate to achieve that.

(16) Ms Jones gave her assurance that every combination of site was considered and that no site had been eliminated at the beginning. Focussing on Canterbury specifically, Ms Jones said that the requirement to implement improved stroke services as soon as possible meant that a clear decision was made that acute stroke services need to be available in sites currently. She continued that more broadly, reconfiguration of services was being explored at Canterbury but that due to the length of time for implementation this would place a significant delay on the delivery of improved stroke services. Ms Jones confirmed that the relocation of stroke services to Canterbury as part of the wider reconfiguration of services could not be ruled out for the future.

(17) Ms Jones said that Queen Elizabeth the Queen Mother Hospital (QEQM) in Margate had been considered but that the hospital saw significantly below the required threshold for patient numbers. She continued that co-adjacent services were available at the William Harvey Hospital which also contributed to decision making.

(18) Dr Hargroves concurred stating that future planning of the ability to deliver thrombectomy was also a factor.

(19) Members enquired about ambulance performance times, HASU resilience including the ability to expand and finances. Mr Savage informed the Committee that the FAST Campaign had raised public awareness and had assisted in early recognition of stroke. He said that the main aim was to have limited time on scene and conveyance of the patient to the right place first time. Mr Savaged acknowledged that SECAmb were challenged in meeting response times but in category 2 performance the service was currently performing better than the England average which was of most relevance to stroke care. He continued that off-peak and peak time analysis had been conducted but recognised that peak times do have an impact but that blue lights saw a 15% reduction in travel times.

(20) Mr Savage said that there were two aspects for traffic navigation – planned and unplanned. He confirmed that SECAmb worked with Highways England and local councils regarding planned traffic disruption and would then plan alternative routes. Mr Savage said that extensive planning for conducted for unplanned events and provided an example of the closure of the Isle of Sheppey bridge and the availability of expert clinicians on the island.

(21) Mr Savage was confident in the travel times provided in the documents and data used for other centralised services.

(22) Mr Savage said that significant investment was being made in SECAmb and that a substantial programme of transformation and improvement was taking place, as a result of the demand and capacity review.

(23) Ms Jones, in reference to unit resilience said that the DMBC gave certainty to 10 years confidence but that it provided a 20-year case. She said that the evidence gathered, and following challenge from the South East Clinical Senate, gave assurance that there was capacity to meet demand. Ms Jones emphasised that the stroke network will recurrently review this to ensure that the units were resilient. She concluded that technological developments will also make a difference.

(24) Referring to finances and to costs arising from the findings of the travel advisory groups Ms Jones said that the JCCCG will look at the work arising from this and can commit additional finances.

(25) A Member enquired if finances invested at the William Harvey Hospital site could be reinvested at another site should the need arise. Ms Jones said that the existing developments being undertaken at the William Harvey Hospital would continue to be utilised by the NHS estate but items such as equipment could be moved and deployed at an alternative site.

(26) A Member raised concerns about frailty and an ageing population. Dr Hargroves informed the Committee that there was a distinction between these and that there was a definition of frailty – the hospital frailty score - universally used in the NHS to attribute frailty relative to other conditions and previous hospital admissions of an individual. Dr Hargroves said that the higher the

frailty score, the more likely the patient is to suffer significantly from stroke, as well as having an impact on their chance of survival. Dr Hargroves highlighted that the greatest frailty levels, as of 17/18 NHS data, were within the Tunbridge Wells and Maidstone areas and that Thanet did not have such a frail population based on those statistics.

(27) The Chair asked about deprivation and low-income impacts. Dr Hargroves said that he had no doubt that deprivation does have an impact on communities when it comes to health and that it was vitally important that everyone worked together to reduce social inequity and deprivation to ensure that everyone could live a long and healthy life. He continued that monitoring was conducted on stroke and deprived wards in Kent and Medway and that the data did not show a direct link.

(28) Ms Jones agreed and said that prevention was the solution and referred to the Sustainability and Transformation Partnership (STP) Prevention workstream. She was encouraged that improving prevention would make the biggest difference.

(29) Ms Duggal was invited to speak by the Chair. Ms Duggal said that the STP Prevention Workstream had been asked to take a clearer look at prevention and that work being undertaken within the County Council would aid this. She continued that deprivation is associated with a slightly higher risk of stroke but that this was not being seen in Kent but that certain ethnicities were more likely to have strokes earlier.

(30) Ms Duggal and Dr Hargroves clarified that the deprivation report findings showed confirmed stroke incidences going through units and not prevalence in the area.

(31) A Member highlighted that the Committee should not forget that some areas of West Kent would also see a significant increase in travel times.

(32) A number of Members agreed with the principle of the plans and acknowledged the amount of work that had been completed but were not convinced by the evidence before them.

(33) A proposal from Mrs Binks was moved and seconded by Ms Constantine:

This Committee considers that, contrary to the new NHS Long Term Plan, the proposal for 3 HASU's will fail to provide healthcare equality to all residents of Kent, particularly those within the proposed East Kent area, and may result in greater inequality of care.

The benefit of HASUs and most particularly the co-ordinated after-care is acknowledged, especially in metropolitan locations. However, all current evidence worldwide concludes that outcomes are still time-sensitive and it is of particular concern that the proposal presents an unacceptable and increased risk of mortality or permanent impairment of health to those at or beyond the extreme limit of internationally recommended "emergency call to needle time" at a HASU: in this case nearly 145,000 residents in Thanet (estimated to rise a further 25,000 by 2041), a densely populated outlying area of East Kent. Thanet

is a holiday destination for thousands of visitors in the summer resulting in severely gridlocked roads. Travel times could be even greater than the current indicated 60 minutes.

Lifestyle is acknowledged as a contributing factor to strokes and Thanet has 78% more people in the most deprived quintile than the national average.

Furthermore, the number of residents over the age of 65 is 23% higher than the national average with a stroke prevalence which is nearly 24% higher than the national average.

Current staffing levels in the QEQM hospital in Thanet do not reflect any recruitment difficulty beyond that which prevails in other non-city hospitals and, unlike some hospitals closer to London, the number of skilled stroke personnel at the QEQM is currently among the highest three for hospital sites in Kent.

Therefore the Committee asks that the NHS consider and respond to these comments and report these back to the Committee ahead of a final determination as to whether or not to refer the decision of the JCCCG to the Secretary of State, on the grounds that the proposal is not considered to be in the best interests of the health service in the area.

(34) Following discussion, Ida Linfield proposed that the motion be amended to include reference to the West Kent area. The amendment was discussed by the Committee. The change was agreed by the original proposer and seconder. This was then put to a vote and, being approved, became the formal recommendation.

(35) RESOLVED that:

This Committee considers that, contrary to the new NHS Long Term Plan, the proposal for 3 HASU's will fail to provide healthcare equality to all residents of Kent, particularly those within the proposed East Kent area, but not forgetting those in West Kent, and may result in greater inequality of care.

The benefit of HASUs and most particularly the co-ordinated after-care is acknowledged, especially in metropolitan locations. However, all current evidence worldwide concludes that outcomes are still time-sensitive and it is of particular concern that the proposal presents an unacceptable and increased risk of mortality or permanent impairment of health to those at or beyond the extreme limit of internationally recommended "emergency call to needle time" at a HASU: in this case nearly 145,000 residents in Thanet (estimated to rise a further 25,000 by 2041), a densely populated outlying area of East Kent. Thanet is a holiday destination for thousands of visitors in the summer resulting in severely gridlocked roads. Travel times could be even greater than the current indicated 60 minutes.

Lifestyle is acknowledged as a contributing factor to strokes and Thanet has 78% more people in the most deprived quintile than the national average.

Furthermore, the number of residents over the age of 65 is 23% higher than the national average with a stroke prevalence which is nearly 24% higher than the national average.

Current staffing levels in the QEQM hospital in Thanet do not reflect any recruitment difficulty beyond that which prevails in other non-city hospitals and, unlike some hospitals closer to London, the number of skilled stroke personnel at the QEQM is currently among the highest three for hospital sites in Kent.

Therefore the Committee asks that the NHS consider and respond to these comments and report these back to the Committee ahead of a final determination as to whether or not to refer the decision of the JCCCG to the Secretary of State, on the grounds that the proposal is not considered to be in the best interests of the health service in the area.

124. Date of next programmed meeting – Thursday 6 June 2019
(Item 4)

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Item 5: Kent and Medway Stroke Review

By: Tristan Godfrey, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 21 May 2019

Subject: Kent and Medway Stroke Review

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent and Medway STP and make a final determination with regard the proposals on Hyper Acute and Acute Stroke Services in Kent and Medway.

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

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1. Introduction

(1) 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.

(2) 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.

(3) On 12 December 2017 the Kent and Medway Joint HOSC was formally notified that the Joint Committee of Clinical Commissioning Groups (JCCCG) 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.

(4) As a consequence of this further analysis the relevant 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 (JHOSC) 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.

(5) Prior to the establishment of the new JHOSC, 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.

(6) 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.

(7) The Kent & Medway Stroke Review's public consultation ran from 2 February – 20 April 2018. This was a separate process to the NHS' engagement with health scrutiny.

(8) The inaugural meeting of the Stroke JHOSC comprising representatives from the four authorities named in (6) above took place on 5 July 2018. This Committee met formally 5 times. Full details of the meetings of this Committee can be viewed online at: https://democracy.kent.gov.uk/ieListMeetings.aspx?CId=909&Year=0.

(9) On 14 February 2019 the JCCCG met and unanimously agreed to implement Option B, the NHS preferred option. This option was to site co-located hyper-acute and acute stroke units alongside 7-day TIA (Transient Ischaemic Attack) clinics for high risk patients at Darent Valley Hospital, Maidstone General Hospital, and William Harvey Hospital.

(10) On 26 February 2019 the JHOSC met to consider the decision of the JCCCG and agreed the following recommendation:

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.

2. The Kent HOSC, 22 March Meeting

(1) Following the conclusion of the work of the JHOSC on 26 February, the Kent HOSC met on 22 March. This was the first time the Kent HOSC had met formally to consider this issue since September 2015. At this meeting, Members had papers from the NHS in the Agenda pack, including the Decision-Making Business Case. Members also had the opportunity to hear from and put questions to representatives from the NHS.

(2) Members had before them the final recommendation of the JHOSC as set out in 1(10) above and the HOSC had to consider whether to accept this recommendation or agree a different recommendation.

(3) At the conclusion of its deliberations, the HOSC agreed the following recommendation:

This Committee considers that, contrary to the new NHS Long Term Plan, the proposal for 3 HASU's will fail to provide healthcare equality to all residents of Kent, particularly those within the proposed East Kent area, but not forgetting those in West Kent, and may result in greater inequality of care.

The benefit of HASUs and most particularly the co-ordinated after-care is acknowledged, especially in metropolitan locations. However, all current evidence worldwide concludes that outcomes are still time-sensitive and it is of particular concern that the proposal presents an unacceptable and increased risk of mortality or permanent impairment of health to those at or beyond the extreme limit of internationally recommended "emergency call to needle time" at a HASU: in this case nearly 145,000 residents in Thanet (estimated to rise a further 25,000 by 2041), a densely populated outlying area of East Kent. Thanet is a holiday destination for thousands of visitors in the summer resulting in severely gridlocked roads. Travel times could be even greater than the current indicated 60 minutes.

Lifestyle is acknowledged as a contributing factor to strokes and Thanet has 78% more people in the most deprived quintile than the national average.

Furthermore, the number of residents over the age of 65 is 23% higher than the national average with a stroke prevalence which is nearly 24% higher than the national average.

Current staffing levels in the QEQM hospital in Thanet do not reflect any recruitment difficulty beyond that which prevails in other non-city hospitals and, unlike some hospitals closer to London, the number of skilled stroke personnel at the QEQM is currently among the highest three for hospital sites in Kent.

Therefore the Committee asks that the NHS consider and respond to these comments and report these back to the Committee ahead of a final determination as to whether or not to refer the decision of the JCCCG to the Secretary of State, on the grounds that the proposal is not considered to be in the best interests of the health service in the area.

3. Next Steps

(1) As per the recommendation agreed at the meeting of 22 March 2019, the current meeting is to make "a final determination as to whether or not to refer the decision of the JCCCG to the Secretary of State, on the grounds that the proposal is not considered to be in the best interests of the health service in the area."

(2) The NHS have had an opportunity to hear Members concerns and questions directly and respond to them. The NHS also offered an informal briefing for Members on 7 May 2019.

(3) As set out in the recommendation for this meeting, Members of the HOSC must consider the evidence presented by the NHS and the responses to the comments and questions made at the last meeting. The full range of legal options remains available to the HOSC as to the final decision and none is excluded by the recommendation agreed on 22 March. These options include:

- adopting the recommendation of the JHOSC;
- making a formal referral on the grounds that the proposal is not considered to be in the best interests of the health service in the area; or
- making any other comment or comments on the proposal that the HOSC deems appropriate.

(4) If the Committee considers a motion of formal referral to the Secretary of State, Members would need to be assured that the full legal requirements could be complied with. Any referral would need to include:

a. An explanation of the proposal being referred.
b. An explanation of the reasons for making the referral.
c. Evidence in support of these reasons.
d. A summary of the evidence that the proposals are not in the best interests of the health service in the area, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area.
e. An explanation of the steps taken by the HOSC to try to reach agreement with the relevant NHS bodies.
f. Evidence that the HOSC has complied with all the legal requirements of a referral.

(5) Where a formal referral under the terms of The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 has been made, and the Department of Health and Social Care agrees it meets the legal requirements, the Secretary of State may ask for advice from the Independent Reconfiguration Panel (IRP).

(6) The IRP is an advisory non-departmental public body. Where requested by the Secretary of State, the IRP will undertake an initial assessment of the referral. In exceptional circumstances, it may advise that further evidence is required before reporting back. The IRP offers advice only. The Secretary of State makes the final decision on any contested proposal.

4. Further information

(1) The NHS stroke services website is at: https://kentandmedway.nhs.uk/stroke/; and

The Decision-Making Business Case with appendices is at: https://kentandmedway.nhs.uk/stroke/dmbc/.

5. Recommendation

The Committee is asked to consider the decision of the JCCCG on 14 February 2019 and take one of the following actions:

(a) Endorse the recommendation of the JHOSC and support the decision of the JCCCG subject to the NHS making an undertaking to review the provision of acute and hyper acute services should demographic changes require it;

(b) Agree that the proposal agreed by the JCCCG on 14 February be referred to the Secretary of State on the grounds that it would not be in the best interests of the health service of the area and set out the reasons for so agreeing; or

(c) Agree to make any other comments the Committee deems appropriate.

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

Kent County Council (2018) *'Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (05/07/18)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MId=8095&Ver=4

Kent County Council (2018) *'Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (05/09/18)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MId=8117&Ver=4

Kent County Council (2018) '*Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (14/12/2018)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MId=8299&Ver=4

Kent County Council (2019) *'Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (01/02/2019)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MId=8356&Ver=4

Kent County Council (2019) *'Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (26/02/2019)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MId=8365&Ver=4

Kent County Council (2019) *'Health Overview and Scrutiny Committee (22/03/2019)',* *https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8366&Ver=4*

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Transforming health and social care in Kent and Medway

NHS

Report for the Kent Health Overview and Scrutiny Committee

21st May 2019

Introduction

This report is provided in response to the motion agreed at the Kent HOSC to consider stroke which took place on 22nd March 2019[1]. The response has been developed based on all the detailed clinical evidence and other data gathered throughout the five years of the acute stroke services review. This evidence has been published in our pre-consultation business case (PCBC) and decision-making business case (DMBC), shared with HOSC members, and regularly discussed with the Kent and Medway Joint Health Overview and Scrutiny Committee who support our decision. This response includes advice from the Director of Public Health for Kent County Council.

Other documents that have been shared with HOSC members and support this response include, the full set of appendices to the DMBC, the presentation made to the Joint Committee of CCG's (JCCCG) in the decision-making meeting on 14th February 2019 and the confirmed resolutions agreed by the JCCCG.

Response to the motion

NHS Long Term Plan

The implementation of Hyper Acute Stroke Units (HASU's) is recognised in the national NHS Long Term Plan as a key component to improving stroke care and addressing inequalities in the current configuration of services. The plan states:

"Areas that have centralised hyper acute stroke care into a smaller number of well-equipped and staffed hospitals have seen the greatest improvements. This means a reduction in the number of stroke receiving units and an increase in the number of patients receiving high quality specialist care."[2]

The plans to reconfigure stroke across Kent and Medway from six sites providing some level of acute stroke care into three fully designated HASU's is therefore in line with the national plan.

Benefits of HASUs for Kent and Medway

The Kent and Medway review of urgent stroke services is led by stroke consultants, nurses and therapists from across Kent and Medway. The plans for changes to stroke services in Kent and Medway were developed by these medical specialists, with the support of leading national stroke doctors, and are based on the Royal College of Physicians' 2016 clinical guideline on stroke[3], which is the nationally recognised source of best practice for stroke care.

The guideline explicitly recommends that people suspected to be having a stroke should be admitted directly to a hyper acute stroke unit. This is because the evidence is clear that what

[1] https://democracy.kent.gov.uk/mgAi.aspx?ID=50657

[2] https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/better-care-for-major-health-conditions/stroke-care/

[3] https://www.rcplondon.ac.uk/guidelines-policy/stroke-guidelines

saves lives and reduces disability is people getting expert care, treatment and monitoring in a specialist centre providing 24/7 care in the vital few days after their stroke, even if they travel further to get there.

The plans are also in line with the National Institute for Clinical Excellence (NICE) recommendation which is to:

"*Admit everyone with suspected stroke directly to a specialist acute stroke unit after initial assessment, from either the community, the emergency department, or outpatient clinics*"[4]

Evidence from other areas in England that have already reconfigured stroke services clearly demonstrate improved survival from stroke, and reduced lengths of stay in hospital – due to patients recovering more quickly.[5]

Call to needle times

We strongly refute the assertion in the motion that '*the proposal presents an unacceptable and increased risk of mortality or permanent impairment of health to those at or beyond the extreme limit of internationally recommended "emergency call to needle time" at a HASU: in this case nearly 145,000 residents in Thanet'.*

It is important to note the following about thrombolysis (clot busting) treatment:

- current evidence shows that it does not reduce mortality – i.e. it is not lifesaving, however the evidence does show it reduces disability
- it is only suitable for around 20% of stroke patients

The current evidenced best practice standards for treating stroke indicate that, should a clot busting drug be the possible treatment, it should be administered within 4.5 hours from the onset of a patient's symptoms. The South East Coast Clinical Senate has a regional ambition of providing thrombolysis within 120 minutes of the 999 call being made ('call to needle' time). The new HASUs for Kent and Medway will work to this timescale for all patients including those from Thanet. This is not 'at or beyond the extreme limit'.

The travel time data is taken from a nationally recognised data source called Basemap which records actual journey times across Kent and Medway, using satellite navigation system data from many thousands of journeys. This means that all the congestion, tourist traffic, accidents and bad weather, and any other factors that affect journey times across Kent and Medway are included in the data we have used to calculate journey times to the new HASUs.

To validate the accuracy of the data, South East Coast Ambulance NHS Foundation Trust compared their actual blue light journey times with Basemap data and found that their transfer times between Thanet and Ashford were a few minutes faster. Therefore we have a very high level of confidence that the travel times are accurate and not under stated.

Regardless of this, it is important to remember that the benefits patients get from hyper acute stroke units do not depend on how near or far the units are from where they live, rather they come from being cared for 24 hours a day, including at weekends, by stroke specialists during the critical first few days following a stroke. It is this expert care that

[4] https://www.nice.org.uk/guidance/ng128/chapter/Recommendations#specialist-care-for-people-with-acute-stroke

[5] BMJ 2019; 364 doi: https://doi.org/10.1136/bmj.l1

improves survival and reduces disability. Some of the most important benefit's HASUs give include:

- monitoring and managing blood pressure and reducing the risk of blood clots to help prevent further strokes
- providing intensive care and support to prevent life threatening complications following a stroke such as heart attacks, clots in the legs and lungs, and infections
- giving specialist swallow assessments within a few hours of admission to ensure patients can eat safely without inhaling food into their lungs, which can cause fatal infection
- providing intensive stroke-specific physiotherapy, including at weekends, to improve mobility and reduce long-term disability
- giving occupational therapy to ensure patients are safe in their homes when they are discharged
- working closely with community-based rehabilitation and social care teams to ensure the right support is in place for people when they go home.

In other areas of the country, where HASU's are already in place, such as Northumbria, travel times for some of the population are up to one hour and 10 minutes (which is in excess of our maximum travel times) and there has not been any increase in mortality. The Northumbria unit has demonstrated an improvement in time to give the clot busting drug and a reduction in the length of stay for patients in the unit i.e. patients recover more quickly and are able to go home sooner.

Lifestyle factors

Lifestyle factors are attributed to many disease processes including stroke and we recognise that Thanet residents, along with other deprived areas of the county, have a higher level of lifestyle risk factors such as smoking and obesity. We also recognise that in Thanet the diagnosed prevalence[6] of atrial fibrillation (a significant risk factor for stroke) is 2.5% and the estimated prevalence is 3.0% - indicating that there could be an undetected stroke risk within the community. The most effective way of managing this risk is through primary prevention (preventative methods aimed at the whole population) such as GPs monitoring and managing patients' high blood pressure and AF symptoms in the community, as well as making sure there is good support for lifestyle changes such as reducing smoking and healthy eating. In recognition of the importance of prevention, the JCCCG agreed an additional motion for prevention at the decision-making meeting on 14th February.

Public health colleagues have confirmed that they recognise the evidence base supporting the provision of hyperacute stroke services in ensuring the best outcomes for patients experiencing a stroke as specified by the NICE guidelines[4].

Stroke staffing numbers

None of our six hospitals currently providing stroke care, including QEQM, have enough specialist stroke staff to provide the service seven days a week that our patients should be able to access. As an example, the absolute minimum number of consultants required to staff a 24/7 rota is 6 per unit and we currently have a total of 10 across Kent and Medway. This is 26 consultants below the current minimum requirement for six units.

[6] **Prevalence** is a statistical concept referring to the number of cases of a disease that are present in a particular population at a given time, whereas **incidence** refers to the number of new cases that develop in a given period of time.'

How the staffing of individual units compares to other 'non city' district general hospitals is not relevant to the provision of stroke services which require a specialist workforce. We are not looking at the staffing of individual units, but instead are focused on making sure we have the right specialist staffing across the combination of three new units we have decided to establish as part of a Kent and Medway stroke services network.

Conclusion

In summary, our current stroke units are under performing and have been for a long time, despite the best efforts of our hardworking and dedicated staff. The latest SSNAP data shows all D and E rated units in the South East are in Kent and Medway, and we have the only E rated unit in the country.

More patients are dying and being left with life-long disability and ongoing care needs than need to be. We predict we will save an additional life every fortnight across the whole of Kent and Medway and this prediction is supported by the actual lives saved in other areas of the country that have already implemented HASUs. Our most senior stroke doctors and other stroke specialists have led this review and have made these recommendations for change. We have spent a number of years and been through an intensively scrutinised process to arrive at the recommended preferred option which will deliver the very best care for all of the patients who will use the specialist stroke units.

Item 6: Draft Work Programme 2019

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 21 May 2019

Subject: Draft Work Programme 2019

Summary: This report gives details of the proposed work programme for the Health Overview and Scrutiny Committee (HOSC)

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1. Introduction

(a) The proposed Work Programme has been compiled from actions arising from previous meetings and from topics identified by Committee Members.

(b) The HOSC is responsible for setting its own work programme, giving due regard to the requests of commissioners and providers of health services to bring an item to the HOSC's attention, as well as taking into account the referral of issues by Health Watch and other third parties.

(c) The HOSC will not consider individual complaints relating to health services. All individual complaints about a service provided by the NHS should be directed to the NHS body concerned.

(d) The HOSC is requested to consider and note the items within the proposed Work Programme and to suggest any additional topics to be considered for inclusion on the agenda of future meetings.

2. Recommendation

RECOMMENDED that the report be considered and agreed.

Background Documents

None

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Work Programme

Health Overview and Scrutiny Committee

Item	Objective
06 June 2019	
Kent and Medway Strategic Commissioner	*For Information & Review* - to receive an update from the Commissioner on developments within the STP and integrated care partnerships
Kent and Medway STP: Review of Winter Planning	*For Information & Review* - to review the Winter Planning process implemented by the Kent and Medway STP
NHS East Kent CCGs: Special Measures and Financial Recovery Plan	*For Information & Review* - to receive an update of the actions of the CCGs being placed in special measures by the NHS England CCG Assessment Delivery Group and of the CCGs Financial Recovery Plan.
NHS Medway CCG – Dermatology Services Procurement	*For Information* - to receive an update following the procurement process and information about waiting list data.
Review of the Frank Lloyd Unit, Sittingbourne	*For Information* - to receive a written update on the Review, with a more detailed discussion scheduled for July.
STP Mental Health Workstream / Children & Young People's Emotional Wellbeing & Mental Health Service and All Age Eating Disorder Service	*For Information* – a written update to the Committee on the outcome from previous resolutions.

23 July 2019	
Item	**Objective**
South East Coast Ambulance Service NHS Foundation Trust (SECAmb)	*For Information & Review* - to receive an update from the Trust on performance and planning.
Kent and Medway Non-Emergency Patient Transport Service Performance	*For Information & Review* - to receive an update from the Commissioner and Provider on the contract performance
NHS North Kent CCGs – Urgent Care Review Programme – Dartford, Gravesham and Swanley CCG	*For information and Review* – to receive an update on this Substantial Variation in line with agreed timetable.
NHS North Kent CCGs – Urgent Care Review Programme – Swale CCG	*For information and Review* – to receive an update on this proposed Substantial Variation in line with agreed timetable.
Review of the St Martin's (West) Hospital, Canterbury	*For information and Review* - consideration of Substantial Variation
Review of Frank Lloyd Unit, Sittingbourne	*For information and Review* - consideration of Substantial Variation
Review of Royal Brompton Hospital, London	*For information and Review* - consideration of Substantial Variation
19 September 2019	
Children & Young People's Emotional Wellbeing & Mental Health Service and All Age Eating Disorder Service	*For information and Review* – to receive an update from the CCG, including data around disparity.

26 November 2019	
Item	**Objective**
CCG Annual Assessment	*For Information and Review* - to receive a written report on the CCG Annual Assessment as part of the annual return.
Healthwatch Kent Annual Report	*For Information & Review* - to receive a written report on the Healthwatch Kent Annual Report as part of the annual return
East Kent Transformation	*For Information & Review* – an update on the East Kent Transformation plans.

To be scheduled

- Workforce focus in other specialisms
- Dental Provision within Kent
- Primary Care Strategy (and return of Kent and Medway Medical School)
- Thanet CCG – Wheelchair Services in Kent
- Single pathology service for Kent and Medway

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