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 Tuesday, 21 May 2019.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mr A H T Bowles, Ms K Constantine, Mr D S Daley, Mrs L Game, Ms S Hamilton, Mr P W A Lake, Ms D Marsh, Mr K Pugh, Mr D Mortimer (Maidstone BC), Cllr Mrs M Peters and Mrs R Binks

ALSO PRESENT:

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny)

UNRESTRICTED ITEMS

125. Membership
(Item 1)

(1) Michael Lyons was no longer a Member of HOSC. There was therefore currently one vacancy in the Borough/District representation.

(2) Nigel Collor had left the Committee; Diane Marsh had joined the Committee.

126. Apologies and Substitutes
(Item)

(1) Mr Ian Thomas gave his apologies as he was already committed to attend Kent and Essex Inshore Fisheries and Conservation Authority; he was substituted at the meeting by Mrs Rosalind Binks.

(2) Mr Nick Chard and Councillor Joe Howes sent their apologies.

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

(1) Ms Constantine declared an interest due to her involvement in a campaign to seek a Judicial Review against the siting of stroke units in Kent and Medway. She explained she had received advice from KCC's Monitoring Officer on this issue. She stated this interest was not a disclosable pecuniary interest and had no conflict of interest in taking part in the debate and vote.

(2) Mr Lake declared an interest in that he used to be a non-executive Director of the Kent and Medway NHS and Social Care Partnership Trust.

128. Minutes
(Item 4)

RESOLVED that the Committee agreed that the minutes from 1 and 22 March 2019 were correctly recorded, and that they be signed by the Chairman.

129. Kent and Medway Stroke Review
(Item 5)

Glenn Douglas (Chief Executive, Kent and Medway STP and Accountable Officer for Kent and Medway CCGs), Rachel Jones (Director of Acute Strategy, Kent and Medway STP), Dr Steve Fenlon (Medical Director, Dartford and Gravesham NHS Trust), Dr David Sulch (Stroke Consultant, Medway Foundation Trust), Dr Chris Thom (Stroke Consultant, Maidstone and Tunbridge Wells NHS Trust), Steph Hood (Communications and Engagement Lead for the Stroke Review), Nicola Smith (Acute Strategy Programme Lead, Kent and Medway STP), Ray Savage (Strategy and Partnerships 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 and invited them to deliver a presentation. The presentation is appended to the minutes.

(2) The salient points from the presentation were:

- Stroke services across Kent and Medway were not performing consistently well. This was supported by data from the Sentinel Stroke National Audit Programme (SSNAP).

- National targets for activity thresholds and workforce numbers were not being met by all stroke unit sites across Kent and Medway.

- Other areas that have reconfigured their stroke services had seen marked improvements in the number of patients receiving high quality specialist care.

(3) Members asked a series of questions about the reasoning for having three Hyper-Acute Stroke Units (HASUs).

(4) Dr Sulch and Dr Thom explained that six specialist consultants were needed to run a full-time rota at a HASU. This would require a workforce of 18 such consultants across three HASUs. Kent and Medway employed 10 consultants currently. NHS representatives stated that employing an additional 14 consultants on top of this number to adequately staff four HASUs would not be feasible due to the challenges around recruitment.

(5) NHS representatives added that the service would be under continuous review, and that should demographics change in the future then the need for an additional HASU would be revisited (considering both activity levels and workforce capacity). An undertaking was made that the Committee

would continue to be engaged, with performance data being shared regularly.

(6) Another area of questioning by Members was around the decision to remove stroke services from the Queen Elizabeth the Queen Mother Hospital (QEQM) in Margate

(7) NHS representatives explained that the number and location of the HASUs had been subject to robust research, discussion and scrutiny. This was an opinion echoed by the Healthwatch representative present at the meeting. An NHS representative compared the consolidation of services to that of trauma services, in which trauma patients were now taken to William Harvey Hospital instead of QEQM as they were prior to the changes to trauma services. Performance data showed a higher quality of service and improved mortality since the centralisation.

(8) Ms Jones assured Members that QEQM was not eliminated from the decision-making process early on. The thousands of site combinations were gradually shortlisted by applying an evaluative matrix. QEQM was in several of the final 13 options. It was only at this stage that the criteria used meant that none of the final five options upon which the public consultation was based included QEQM.

(9) Workforce was another key area of interest for Members. NHS representatives explained that there was a requirement for skilled staff in order to provide a quality service. Whilst workforce was a national issue for the NHS, stroke specialists were particularly difficult to recruit in Kent. One of the reasons for this was the level of uncertainty around the future of these stroke services. Another reason was that stroke services in Kent were not performing adequately enough, which was not attractive to potential staff.

(10) Questions were asked by a number of Members about the impact of longer travel times for some patients.

(11) Mr Savage explained that even during peak travel times, ambulances generally made good progress because the public would try their best to move out of the way. The ambulance service had tested the accuracy of the travel time data collated from Basemap.

(12) Dr Thom was confident that if the reconfiguration went ahead, all Kent residents would have equal access to high quality care. He conceded that those living near to a HASU would have an advantage if they required a time critical intervention, but the overall advantages would benefit all residents.

(13) In addition, whilst the NHS recognised that travel times were an issue, they were confident that their investigation into journey times supported the view that the “call to needle” time of 120 minutes would be achievable. Any additional travel time was, they explained, outweighed by the speed and quality of care that the patient would receive when entering a HASU. It was stated that this would also ensure that the chances of longer-term potential

effects of stroke, such as infection, disability, and further strokes, were minimised by the patient being seen at a HASU.

(14) Travel time for visitors was also discussed. Ms Jones explained that Travel Advisory Groups had been established in various locations across the county, and these groups were considering options to aid visitors in getting to hospitals further away than their current service. Ideas included funded taxi journeys, town hubs with phones and video-calling facilities, bus route amendments and free parking. The JCCCG was committed to working with the Travel Advisory Groups to ensure the chosen options met the needs of the specific local community.

(15) NHS representatives further explained that the average length of stay in a HASU was 10-14 days. As identified earlier in the Stroke Review, rehabilitation services were key to recovery. Each patient would receive a personalised support plan for their continuing care. Rehabilitation services were currently inconsistent across the county. The CCGs had committed to opening local stroke rehabilitation services across Kent at the same time as the HASUs opened. Thanet would be gaining a stroke rehab centre as there was not one currently.

(16) Members raised the issue of the performance of SECAmb and their ability to respond to Category 2 calls, which was the relevant one for stroke.

(17) Mr Savage acknowledged that response time targets were not always being met by SECAmb, but the Trust was performing well in Thanet currently. There had been recent extensive review of SECAmb, as well as considerable investment (which was separate to that of the Stroke Review). Mr Savage confirmed that if the Air Ambulance was deemed clinically necessary, then it would be used.

(18) Members raised a range of questions about the financial issues raised by the reconfiguration.

(19) NHS colleagues explained that finance was not the reason for the proposed reconfiguration, nor behind the choice to open three HASUs instead of four. The issue was around the ability to recruit skilled and specialist staff. Providing high salaries as an incentive would only shift the problem from other areas in the Country.

(20) In response to a question around the impact of referring the decision to the Secretary of State, NHS colleagues explained that further delay risked the quality of care in the current stroke units, due to staff turnover because of the uncertainty as well as because of delaying the necessary refurbishment to the three chosen sites.

(21) Ms Jones stated that the best way to reduce inequality was by prevention. She drew Members' attention to the recent announcement that South Kent Coast CCG and Thanet CCG were two of 23 CCGs nationally piloting a new programme to spot and treat heart conditions earlier.

(22) With no more questions from Members, the Chair thanked the guests for their time.

(23) A proposal from Mrs Beresford was moved and seconded by Mr Bartlett:

- *The Committee is asked to agree:*

a. *To ask the NHS to note and consider the strong reservations the HOSC has about the plans for reconfiguring acute and hyper-acute stroke services across Kent and Medway and the potential impact they could have on the following in particular:*

    1. *Travel times;*
    2. *Staffing levels over the long-term; and*
    3. *Inequalities.*

b. *That the HOSC accepts the rationale for the changes and the move towards centres of excellence across the County, recognises that there is no perfect arrangement of services and that the current proposals may be the optimal way forward at this current time and that any further delay may have a negative impact on health outcomes across the County.*

c. *That the HOSC recognises the work of the JHOSC and the positive impact ongoing engagement with the NHS has had, notably the decision by the JCCCG to develop stroke rehabilitation services and introduce them to many areas where they do not currently exist, including Thanet, and requests that the NHS engage regularly with the HOSC on the further development and implementation of the proposals to ensure they deliver the best possible service for Kent.*

(24) Different points of view were put forward by Members in discussing the proposed motion. Some expressed the view that where they had concerns previously, these had been adequately addressed by NHS representatives and that it was more important to move to a new reconfiguration of services which would begin delivering improvements to what was currently a poor service and that the health service needed certainty to be able to do this. Other Members expressed the view that it was important to ensure that any change made was the right one and there were reasons for judging that the current proposals were not the best ones, including travel times, and that it put East Kent residents at a relative disadvantage.

(25) The motion was discussed by the Committee and then put to the vote. Following approval, the motion became the formal recommendation:

- *RESOLVED that the Committee agrees:*

a. *To ask the NHS to note and consider the strong reservations the HOSC has about the plans for reconfiguring acute and hyper-acute stroke*

services across Kent and Medway and the potential impact they could have on the following in particular:

1. *Travel times;*
2. *Staffing levels over the long-term; and*
3. *Inequalities.*

b. *That the HOSC accepts the rationale for the changes and the move towards centres of excellence across the County, recognises that there is no perfect arrangement of services and that the current proposals may be the optimal way forward at this current time and that any further delay may have a negative impact on health outcomes across the County.*

c. *That the HOSC recognises the work of the JHOSC and the positive impact ongoing engagement with the NHS has had, notably the decision by the JCCCG to develop stroke rehabilitation services and introduce them to many areas where they do not currently exist, including Thanet, and requests that the NHS engage regularly with the HOSC on the further development and implementation of the proposals to ensure they deliver the best possible service for Kent.*

130. Work Programme
(Item 6)

(1) The item took place after a short adjournment due to disruption from the public gallery.

(2) RESOLVED that the Committee considered and agreed the work programme.

131. Date of next programmed meeting – Thursday 6 June 2019
(Item 7)