

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, Maidstone on Thursday, 5 July 2018.

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

ALSO PRESENT: Mr S Inett (Healthwatch Kent)

IN ATTENDANCE: Ms L Adam (Scrutiny Research Officer, Kent County Council), Mr J Pitt (Democratic Services Officer, Medway Council), Ms L Peek (Principal Scrutiny Officer, Bexley Council) and Mr H Winder (Democratic Services Officer, East Sussex County Council)

UNRESTRICTED ITEMS

1. Membership
(Item 1)

- (1) Members of the Kent & Medway Stroke Review Joint Health Overview and Scrutiny Committee noted the membership listed on the Agenda.

2. Election of Chair
(Item 2)

- (1) Cllr Wildey proposed and Mr Pugh seconded that Mrs Chandler be elected as Chair of the Committee.
- (2) RESOLVED that Mrs Chandler be elected as Chair.

3. Election of Vice-Chair
(Item 3)

- (1) The Chair proposed and Cllr Diment seconded that Cllr Wildey be elected as Vice-Chair of the Committee.
- (2) RESOLVED that Cllr Wildey be elected as Vice-Chair.

4. Declarations of Interests by Members in items on the Agenda for this meeting
(Item 5)

- (1) There were no declarations of interest.

5. Kent and Medway Stroke Review

(Item 6)

- (1) The Chair noted that the meeting was being held on the 70th anniversary of the launch of the NHS on 5 July 1948 which provided the Committee with the opportunity to reflect on its achievements in delivering significant medical advances and improvements to the nation's health and to thank NHS staff for their hard work and dedication in delivering care to patients.

- (2) Cllr Purdy added her thanks to past and present Members involved in health scrutiny.

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

(Item 6a)

- (1) RESOLVED that the minutes of the Kent and Medway NHS Joint Overview and Scrutiny Committee held on 22 January 2018 be noted.

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

(Item 6b)

- (1) RESOLVED that the Terms of Reference for Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee be noted.

(c) Local Authorities' responses to Kent & Medway Stroke Review Public Consultation

(Item 6c)

- (1) RESOLVED the responses to the public consultation from Bexley Council's People Overview and Scrutiny Committee; East Sussex County Council's Health Overview and Scrutiny Committee; Medway Council's Cabinet; Medway Council's Health & Wellbeing Board; and Our Healthier South East London Joint Health Overview and Scrutiny Committee be noted.

(d) Stroke Review Post-Consultation Update

(Item 6d)

Patricia Davies (Senior Responsible Officer, Kent & Medway Stroke Review) and Steph Hood (STP Communications and Engagement Lead, Kent & Medway STP) were in attendance.

- (1) The Chair stated that the Stroke Consultation Analysis and Activity Reports had been added to the agenda, via a supplement, as she had agreed that they should be considered at this meeting as a matter of urgency, as permitted under section 100B of the Local Government Act 1972. She explained that this was to enable the Committee to consider the reports and

to avoid any possible delay in this; the reports were not available for despatch as part of the main agenda on 27 June 2018 as they required consideration at an NHS Committee which took place on 28 June 2018.

- (2) The Chair welcomed the guests to the Committee. Ms Davies and Ms Hood began by stating that the two reports covered the public consultation activity and independent analysis of the feedback. Ms Davies noted that the formal public consultation on five three-site options had lasted for 11 weeks.
- (3) Ms Hood highlighted the following key themes from the activity report:
 - The consultation had the potential to have been seen by 2 million people which had exceeded the target; the total registered population of Kent & Medway, Bexley and High Weald Lewes Havens was 2.2 million.
 - 5000 responses to the consultation were received which had exceeded the target. Response mechanisms included emails, questionnaires, social media, listening events, focus groups, telephone surveys and outreach engagement with hard-to-reach groups. She noted that a petition with 3500 signatures had also been received.
- (4) Ms Hood highlighted the following key themes from the analysis report:
 - The majority of responses supported the establishment of a hyper acute stroke units (HASUs) in Kent & Medway
 - Respondents felt that the two most important questions to ask, in order to assess the proposals, were whether it would improve the quality and access to specialist urgent stroke services.
 - Respondents understood the reasoning for having three units; some felt that staffing should not be a driver in decision-making and many felt that four units would provide fairer access.
 - The key area of concerns were location and travel times to units particularly in the Thanet area
 - Respondents were asked to rank the five options. Whilst option A (Darent Valley, Medway Maritime and William Harvey Hospitals) was the most preferred option followed by option B (Darent Valley, Maidstone and William Harvey Hospitals); the rankings for all options were close. Respondents indicated that their preferred option included their favoured hospital and had the greatest potential reach. She noted that the consultation was not a vote but provided an important opportunity to gain insight and receive feedback from local people.
 - A number of people in CT postcode area did not feel any of the five options were suitable and requested that Kent & Canterbury and the Queen Elizabeth The Queen Mother Hospitals be reconsidered.
 - Concerns about aftercare, rehabilitation and prevention were also raised.
- (5) Ms Hood concluded that the consultation was felt to have gathered a representative view from the local communities; the consultation was delivered as planned and exceeded its targets in terms of reach and response; and the views had been triangulated with consistent themes and feedback being received across all the engagement methods and

communities.

- (6) Ms Davies explained the next steps; all the data would be reviewed, including the need to consider any alternative options and their viability; financial activity; travel times; and workforce, prior to the identification of a preferred option by the Joint CCG Committee (JCCCG) in 8 – 9 weeks. She assured the Committee that mitigations to address concerns raised by stakeholders and members of the public were being developed.
- (7) Members enquired about prevalence and incidences of stroke in relation to deprivation, and travel times. Ms Davies explained that prevalence was the likelihood of developing ill health which deprivation influenced and caused whilst incidence was the frequency of stroke which increased with age. She noted that the incidences of stroke were lower in the Thanet area. She stated the importance of prevention in reducing prevalence and incidences of stroke through methods such as weight loss and blood pressure reduction. Ms Davies confirmed that SECamb had provided assurance that they would be able to get to 99% of the population to the five options within 60 minutes; she recognised that travel times was still a concern for members of the public. She noted that a report by University College London about the implementation of stroke service reconfigurations in London and Greater Manchester, which included urban and rural areas, had concluded that the centralisation of stroke services reduced deaths; only 15% of patients required thrombolysis so a whole system model, which included a range of services such speech & language assessments and chest x-rays, was required. She highlighted that the travel times would be rerun as part of the decision making.
- (8) Members commented about the importance of local rehabilitation. Ms Hood noted that detailed clinical pathways would be developed as part of the implementation planning. Ms Davies explained that a rehabilitation sub-group, made up of clinicians and patients, had been established. The sub-group had linked with Greater Manchester; the key learning was the development of integrated rehabilitation service as part of implementation planning. Ms Davies noted that the JCCCG would make recommendations to the commissioners about the rehabilitation pathway. In response to a Member's suggestion that rehabilitation services should be prioritised in Thanet, Ms Hood welcomed the proposal and noted that mitigations to address concerns raised during the public consultation would be considered by the JCCCG.
- (9) Members asked about providing safe services in the interim and workforce. Ms Davies stated that whilst it was important to make the decision soon particularly in terms of staffing, due process needed to be followed. She reported that the Clinical Reference Group was looking at maintaining safety and standards in the current system in addition to implementation planning. Ms Davies acknowledged that workforce was challenging; evidence from stroke centralisations in Greater Manchester, London and Northumbria had shown improvements to workforce. She noted that whilst two units in Kent & Medway would have been sufficient in terms of patient volumes, it would

have been challenging in terms of access, travel and resilience. She acknowledged that staffing more than two units was more challenging. She reported that the workforce group was engaging with unions, HR directors and staff themselves to support existing staff and retain their skills. She stated that if staff were unable to move, their skills could be utilised in a different way such as a network model for smaller specialities. She noted that the establishment of the medical school would be helpful in terms of staffing and the inclusion of deliverability as an evaluation criteria. Cllr Belsey noted that East Sussex had been involved in similar reconfigurations within East Sussex and Brighton and had seen evidence of improved quality of service including improved recruitment.

- (10) Members commented about unique social media responses, distribution of flyers and the completion of the online questionnaire. Ms Hood noted that the company commissioned to analyse the data had reviewed it very thoroughly; she could not guarantee that all responses were unique. She noted that there was an ongoing dialogue with a number of people who were very engaged in the process. She recognised that it was important to hear all views including those not engaged with the process; a telephone survey had been commissioned to capture a representative view. Ms Hood reported that there had been a request for a flyer to be distributed to all homes. She stated that this request had to be balanced against budget. It was therefore agreed that a flyer would be sent to 98,000 households who were most affected by extended travel time. Ms Hood stated that the response target had been exceeded and was pleased with the response to online questionnaire as there was lots of information for the respondent to work through. She highlighted that the online questionnaire was one of many mechanisms to respond to the consultation.
- (11) Members enquired about the use of NHS logo by a campaign group, the number of East Sussex residents who responded to the telephone survey and preferences of respondents from RH and BN postcode areas. With regards to the use of NHS logo on a petition by a campaign group, Ms Hood stated that the petition provided an opportunity to hear local feedback and indicate strength of feeling. She stated that there had been engagement with the campaign group and a response to the petition had been provided. Ms Davies noted that a meeting between the commissioners and the campaign group had been offered, and still stood, but had not yet been taken up. Ms Hood explained that 169 out of 701 responses to the telephone survey were from East Sussex. Ms Hood committed to sharing the postcode preferences of respondents from RH and BN postcode areas with Cllr Belsey.
- (12) Members commented about London Ambulance Service (LAS), consultation feedback on Darent Valley Hospital and the importance of friends and family supporting recovery. Ms Davies confirmed that the LAS had provided a response to the public consultation and were involved in the data analysis. She reported that LAS would prefer to convey patients with the London area but would convey patients to Darent Valley as they currently do for several medical and surgical reasons. She noted that the data for travel and ambulance response times were being rerun and being checked by

providers. With regards to consultation feedback that suggested that Darent Valley Hospital did not need a HASU due to its adjacency to Princess Royal University Hospital, Ms Hood noted that this was a perception of respondents and adjacency was subjective. Ms Davies noted that mitigations to support carers, from harder to reach groups and those in financial difficulties, with travel were being considered.

- (13) Members asked about the number of units following the inclusion of Bexley and East Sussex areas, population growth and impact of SECAMB performance on responses to public consultation. Ms Davies explained that throughout the review stroke activity provided at each site, which included patients from border areas accessing services in Kent & Medway, had been taken into account and a review of additional units for these areas was therefore not required. Ms Davies confirmed that there had been disease profiling and engagement with Borough Councils and KCC about population growth over the next 5 – 10 years. Ms Davies noted that concerns about travel times were not unique to the Kent & Medway review. She reported that whilst SECAMB's performance had been challenged, there had been a considerable improvement over the last 12 months. She noted that the capital investment would include a £1 million for SECAMB to support improved access times. She stated that the implementation of a clear stroke pathway would improve access as patients could be taken directly to a HASU rather than being taken to their nearest A&E, be assessed and referred onwards; paramedics who attended consultation events had provided assurance on the importance of the new stroke pathway.
- (14) There was a discussion about implementation and the timetable. Ms Davies explained that the units would be up and running within a maximum of 18 months; factors which would affect implementation were capital, with William Harvey Hospital requiring the greatest investment; recruitment; training and support to staff. Ms Hood reported that the JCCCG Preferred Option Workshop scheduled for 16 August had been deferred until September. The Chair noted the Committee's intention to meet again before the workshop. She stated that once the preferred option had been announced, the Committee would meet again to give their view on the preferred option and there was the option for majority and minority views to be submitted to JCCCG. She noted that the power to make a referral to the Secretary of State was delegated to the four health scrutiny committees in Kent, Medway, East Sussex and Bexley.
- (15) RESOLVED that:
 - (a) the consultation analysis and activity reports be noted;
 - (b) the following comments be referred to the JCCCG:
 - (i) the Stroke JHOSC requests that the rehabilitation pathway be implemented at the same time as the HASUs and the JHOSC be presented with the draft pathway at its next meeting;

- (ii) the Stroke JHOSC requests that the JCCCG gives further consideration to, and assurance about, travel times particularly in the Thanet area;
- (iii) the Stroke JHOSC notes that the public consultation was comprehensive and well managed.