

CABINET

10 APRIL 2018

RESPONSE TO THE CONSULTATION 'IMPROVING URGENT STROKE SERVICES IN KENT AND MEDWAY'

Portfolio Holder: Councillor David Brake, Adults' Services

Report from: Ian Sutherland, Director of Children and Adults Services

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Summary

This report sets out the proposed response to the consultation being undertaken by the NHS Clinical Commissioning Groups of: Ashford, Bexley, Canterbury and Coastal, Dartford Gravesham and Swanley, High Weald Lewes Havens, Medway, South Kent Coast, Swale, Thanet, and West Kent for Cabinet's consideration and approval. This consultation sets out proposed changes to the urgent stroke services provided in hospitals across Kent and Medway.

Appendices 1-4 are set out in Supplementary Agenda No.1.

1. Budget and Policy Framework

- 1.1 Medway's vision for Adult Social Care is '*We will support the people of Medway to live full, active lives, to live independently for as long as possible, and to play a full part in their local communities*'.
- 1.2 Our vision for Adult Social Care supports the delivery of Council Plan priorities, in particular 'Supporting Medway's people to realise their potential'; 'Older and disabled people living independently'; and 'Healthy and active communities'.
- 1.3 The proposed changes will impact on the delivery of stroke services for the residents of Medway, and so it is proposed that the Council's Cabinet, as a provider of rehabilitation and ongoing care services, should submit a formal response to the consultation.

2. Background

- 2.1 The NHS are proposing to improve hospital based urgent stroke services for people in Kent and Medway and surrounding areas of south east London and East Sussex.
- 2.2 The proposal is to establish hyper acute stroke units operating 24 hours a day, 7 days a week to care for all stroke patients seen in Kent and Medway.
- 2.3 The plan is to locate acute stroke units alongside each of the hyper acute units, where people may go after the initial 72 hours for further care until they are ready to be discharged, as well as transient ischaemic attack (TIA) “mini strokes” clinics.
- 2.4 The consultation seeks views on the proposal to establish hyper acute stroke units; whether three hyper acute stroke units is the right number; and gives five potential options for their location.
- 2.5 The proposals are focused on improving care and outcomes for people who have a stroke resulting in fewer deaths and less disability.
- 2.6 Stroke is a serious, life-threatening medical condition that happens when the blood supply to the brain is cut off, either by a bleed or clot in a blood vessel. There are around 3,000 patients a year who have a stroke for whom a Kent and Medway hospital is their nearest. How well people recover is affected by the speed and quality of the treatment.
- 2.7 National best practice is to have dedicated hyper acute stroke units that are staffed by teams of stroke specialists around the clock and have consultants on the unit seven days a week, with access to all the equipment needed for diagnosing and treating stroke patients.
- 2.8 The full details of the proposed consultation can be found in the detailed consultation document, which is attached as *Appendix 1* to the report.
- 2.9 The consultation is open for ten weeks from 2 February 2018 to 13 April 2018.

3. Options

- 3.1 The consultation proposes 5 options for the location of the stroke units. The proposed locations are shown in the following table.

Table 1: Shortlisted proposals (not in rank order)

Proposal	A Hyper Acute Stroke Unit at:
A	Darent Valley Hospital Medway Maritime Hospital William Harvey Hospital
B	Darent Valley Hospital Maidstone Hospital William Harvey Hospital
C	Maidstone Hospital Medway Maritime Hospital William Harvey Hospital
D	Tunbridge Wells Hospital Medway Maritime Hospital William Harvey Hospital
E	Darent Valley Hospital Tunbridge Wells Hospital William Harvey Hospital

4. Advice and analysis

- 4.1 Impact analysis of the proposals has been completed by Mott MacDonald Group Ltd who produced a report: Kent and Medway Sustainability and Transformation Plan, Integrated Impact Assessment – pre consultation - stroke services, Dec 2017. It is important to note that the Mott MacDonald report does not include analysis for proposal E as this was introduced at a later stage. Full details can be found in the report attached as *Appendix 2* to the report.
- 4.2 Additionally, impact analysis has also been completed by the Medway Public Health Intelligence Team who analysed proposals A – E, as set out in Appendices 3 and 4 to the report.
- 4.3 Both sets of analysis indicate that Option D would have the greatest positive impacts and the least negative impacts for equality and travel and access.
- 4.4 Travel and Access Analysis
- 4.5 For shortlisted proposals (A-D) the Mott MacDonald report states that Proposal D has the least negative impact upon accessibility as 84 per cent of patients can still access stroke services within 30 minutes and proposal B has the most negative impact with 79 per cent of patients able to access stroke services within 30 minutes; see page 26 of the Mott MacDonald report.
- 4.6 Analysis completed by the Medway Public Health Intelligence Team for proposals A - E also found that proposal D has the least negative impact

upon accessibility as 87 per cent of residents can still access stroke services within 30 minutes. However, this analysis found that proposal A has the most negative impact, with only 80 per cent of residents able to access stroke services within 30 minutes. Full details can be found in the Travel and Access Report *Appendix 3* to the report.

4.7 Equality Impacts

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

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

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

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

4.10.2 Proposal D has the least negative impact upon accessibility as 84 per cent of residents aged 65 and over would be able to access stroke services by blue light ambulance within 30 minutes. Full details can be found in the Equality Impacts Report *Appendix 4* to the report.

4.11 Although the Medway travel time analysis was undertaken using a more accurate mapping methodology both the Mott Macdonald and Medway analysis identified Option D as the most favourable.

Other factors for consideration

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

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

4.14 Medway Council provides Adult Social Care services for the people of Medway, including vital services that support the rehabilitation and ongoing care of people who have suffered from a stroke. By locating one of the hyper acute units in Medway, this will ensure a seamless transition for Medway residents from Medway hospital back out into the community. This supports the delivery of Medway Council's vision for Adult Social Care, set out in paragraph 1.1.

4.15 Medway is the largest urban area in the south east outside London and Medway Hospital currently care for the highest number of stroke patients in

Kent and Medway. Medway Hospital already has a wide range of supporting services needed to treat stroke patients, making it ideally placed to become a hyper acute stroke unit.

5. Risk management

- 5.1 There are no specific risk implications for Medway Council arising directly from this report.

6. Consultation

- 6.1 The NHS are not identifying a preferred option until they have fully considered all evidence and data available, including the views and feedback gathered via the public consultation.

- 6.2 Consultation ends on Friday 13 April 2018, and the feedback will be analysed by an independent research organisation.

- 6.3 A Joint Health Overview and Scrutiny Committee of Kent County Council, Medway Council, East Sussex County Council and Bexley Council (JHOSC) has been established following approval by the respective Local Authorities in order to meet the statutory requirements of the health scrutiny legislation in relation to the review of stroke services.

- 6.4 Proposed timeline:

- 6.5 There will be a report to the JHOSC around mid-June with the outcome of the consultation exercise on the stroke review at which point the JHOSC will be given a timeline for receiving a report on the final proposal and the date by which the JHOSC may comment before the Joint CCG takes a decision probably in September.

7. Financial implications

- 7.1 There are no specific financial implications for Medway Council arising directly from this report.

8. Legal implications

- 8.1 As stated in paragraphs 6.3 and 6.5 of the report, a Joint Health Overview and Scrutiny Committee of Kent County Council, Medway Council, East Sussex County Council and Bexley Council (Joint HOSC) has been established to meet the requirements of health scrutiny legislation in relation to consultation by the NHS with these local authorities on proposed changes to Hyper Acute and Acute Stroke Services in Kent and Medway and it will be this Joint HOSC that will comment on the outcome of the consultation exercise (Regulations 23 and 30, Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013).

- 8.2 The recommendation at section 9 of this report is that Cabinet responds to the public consultation which is being carried out by the NHS under separate legal obligations with a closing date of 13 April 2018 and it is within the remit of the Leader and Cabinet to express a preferred option at this early stage, with reasons. Such a recommendation by Cabinet in no way fetters or constrains

the Joint HOSC when it considers the outcome of the public consultation. The Joint HOSC will be commenting on behalf of Medway Council and the other three Councils involved in response to the NHS duty to consult the four councils affected under regulations 23 and 30.

9. Recommendations

9.1 The Cabinet is asked to:

9.1.1 Agree Option D (locating three hyper acute stroke units in Tunbridge Wells Hospital, Medway Maritime Hospital and William Harvey Hospital) as its response to the consultation “improving urgent stroke services in Kent and Medway” for the reasons set out in section 4 of the report.

9.1.2 Delegate authority to the Director of Children and Adults Services, in consultation with the Portfolio Holder for Adults’ Services, to submit the Cabinet’s response to the consultation.

9.2 The Cabinet is asked to advise the Joint Health Overview and Scrutiny Committee of Kent County Council, Medway Council, East Sussex County Council and Bexley Council of its support for Option D.

10. Suggested reasons for decision(s)

10.1 Analysis from Mott MacDonald Group Ltd and Medway Public Health Intelligence Team indicates that Option D would have the best outcomes for people requiring urgent stroke services.

10.2 The other factors for consideration set out in paragraphs 4.11 to 4.14 set out further rationale for locating the hyper acute unit in Medway.

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Appendices (Supplementary Agenda No.1)

Appendix 1

Improving Urgent Stroke Services in Kent and Medway – Consultation document
Webpage: https://kentandmedway.nhs.uk/wp-content/uploads/2018/02/KMStrokeConsultationDocument_final_02022018.pdf

Appendix 2

Mott MacDonald Group Ltd (Dec 2017), Kent and Medway Sustainability and Transformation Plan, Integrated Impact Assessment: Pre-consultation report – Stroke Services

Webpage: https://kentandmedway.nhs.uk/wp-content/uploads/2018/01/Appendix-Di-Pre-consultation-report-stroke-FINAL_050118.pdf

Appendix 3

Travel and Access Report (Medway Public Health Intelligence Team Analysis)

Appendix 4
Equality Impacts Report (Medway Public Health Intelligence Team Analysis)

Background papers

None