

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**3 OCTOBER 2018**

### **KENT AND MEDWAY STROKE REVIEW – IDENTIFICATION OF PREFERRED OPTION**

Report from: James Williams, Director of Public Health

Author: Julie Keith, Head of Democratic Services

#### **Summary**

This report notifies the Committee of publication by the NHS in Kent and Medway of a preferred option for three new specialist “hyper acute stroke units” (HASUs) to be located alongside acute stroke units at Darent Valley Hospital in Dartford, Maidstone Hospital and William Harvey Hospital in Ashford (see Appendix A to this report).

A Joint Health Scrutiny Committee (comprising representatives from the four affected local authority areas – Kent, Medway, East Sussex and Bexley) has been set up, as required by legislation, to exercise the power available to local authorities to comment to the NHS (and/or make recommendations) on this substantial change to the health service in the four areas.

The Committee is invited to provide any comments and suggest questions for the four Medway Members on the Joint Committee to feed into the process.

#### **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.
- 1.4 The primary aim of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services.

## 2. Background

- 2.1 The Kent and Medway Hyper Acute and Acute Stroke Services Review started in December 2014. Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers to consult affected local authorities about any proposal which they have under consideration for a substantial development of or variation to the health service. Where more than one local authority area is affected the regulations require the establishment of a Joint Health Scrutiny Committee comprising representation from each area and only that Committee may comment on the proposal , require the provision of information about the proposal and require NHS bodies and health service providers to attend to answer questions.
- 2.2 Between January and November 2016 the Stroke Review was initially under consideration by the Kent and Medway NHS Joint Overview and Scrutiny Committee. In November 2017 both Bexley Council and East Sussex County Council were formally advised by the NHS of the proposals relating to the reconfiguration of stroke services across Kent and Medway. The Health Overview and Scrutiny Committees for both these authorities deemed the proposals to constitute a substantial change/variation to the health service for their areas as a number of their residents access stroke services in Kent and Medway.
- 2.3 This generated a requirement to set up a new Joint Health Scrutiny Committee for the next stages of the NHS consultation with the affected local authorities on Stroke Services, comprising of Members from Kent County Council, Medway Council, East Sussex County Council and Bexley Council. This Joint Committee was established in early 2018.
- 2.4 The terms of reference of the Joint Committee are attached at Appendix B. All four local authorities agreed that the power to refer the matter to the Secretary of State for Health should not be delegated to the Joint HOSC. This has been reserved as a matter for each local authority to determine separately. For Medway this would be a decision for the Health and Adult Social Care Overview and Scrutiny Committee (or full Council).
- 2.5 In January 2018 the NHS produced a pre-consultation business case and options for change or Stroke Services. A copy of the pre-consultation business case is attached at Appendix D (without the extensive suite of Appendices which can be accessed via the web link at the end of this report). In February 2018 the NHS then launched a formal public consultation exercise on the proposal to establish hyper acute stroke units; whether three hyper acute stroke units is the right number; and five potential options for their location as follows:

Hyper Acute Stroke Unit Options:	
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

- 2.6 Medway Council's Cabinet considered the matter on 10 April 2018. Based on an analysis from Mott MacDonald Group Ltd and Medway Public Health Intelligence Team the Leader and Cabinet concluded that Option D would provide the best outcomes for people requiring urgent stroke services and responded to the public consultation accordingly. A copy of the response is attached at Appendix C. The same view was reached by Medway's Health and Wellbeing Board (HWB) at its meeting on 17 April 2018. The HWB also sent its own response to the public consultation expressing a preference for Option D.
- 2.7 On 5 July 2018 the Joint HOSC met to receive a post-consultation update from the NHS. This included a stroke consultation analysis report, a stroke consultation activity report, the options evaluation principles and a workforce update.
- 2.8 On 5 September 2018 the Joint HOSC met to receive a further update which included additional information requested by the Committee on travel times, particularly to the Thanet area and an update on the rehabilitation pathway.

### **3. Identification of preferred option**

- 3.1 On 17 September 2018 the NHS in Kent and Medway published its preferred option for three new specialist hyper acute stroke units. The preferred option is to have hyper acute units alongside acute stroke units at Darent Valley Hospital in Dartford, Maidstone Hospital and William Harvey Hospital in Ashford (i.e. Option B). A copy of the statement published by the NHS in Kent and Medway and the accompanying FAQs are attached at Appendix A.
- 3.2 The preferred option was selected at an evaluation workshop held in private on 13 September 2018. The workshop involved representatives from all Clinical Commissioning Groups (CCGs) across Kent and Medway, East Sussex and South East London, including GPs, commissioners and patient representatives. The Chairmen of the Health Scrutiny Committees for Kent,

Medway, Bexley and East Sussex were invited to attend with observer status. The Chairman and Vice Chairman of this Committee were both in attendance and were supplied with supporting documentation on a confidential basis on arrival at the event. The documentation was retrieved from them both at the end of the workshop. The Councillors who were present were asked to keep the outcome of the evaluation workshop confidential until the evening of 17 September to allow time for the NHS to fully brief staff before issuing a media release.

3.3 A request was made by Medway Council to the NHS for a copy of the documentation used at the workshop after the media release was issued. This was to enable an analysis of the evaluation process so that Medway Overview and Scrutiny Committee members could fully review how the preferred three sites had been selected and the arguments for eliminating Medway Maritime Hospital as a site for future provision of hyper acute stroke services. This request was declined.

3.4 Therefore a Freedom of Information request has been submitted to the Kent and Medway Stroke Programme Co-ordinator in the following terms:

*"As our request for a copy of the material was declined at this stage this is a freedom of information request.*

*I am requesting information related to the process used to decide the preferred option for HASU services in Kent and Medway. According to your FAQ (Review of urgent stroke care services: Frequently asked questions following announcement of the preferred option, 17th September 2018):*

*"In a meeting on Thursday 13th September...they considered each option against sub-criteria and detailed data and evidence for each of the evaluation criteria listed above. They looked at information from each hospital trust as well as data and analysis relating to access and travel times, deliverability, staffing and capital funding. The evaluation workshop attendees agreed that...Option B was preferred as it evaluated most highly and offered the best mix against the criteria."*

*Please can you provide me with:*

- 1. A full and un-amended copy of the documentation provided to those in attendance at the workshop and a copy of the power point presentation*
- 2. The scores for each of the criteria and sub-criteria for each option and the summary scores that were generated from these;*
- 3. Full details of the methodology used to derive summary scores for each option, including any summary sheets of combinations of options, e.g. the matrix;*
- 4. The names of the groups that agreed this methodology and the amount of time they were given to review the methodology before agreeing to it.*

*As Members of the Joint HOSC will be meeting informally in October to review next steps it would be appreciated if this information could be provided to us quickly".*

## 4. Next steps

- 4.1 The next stage in the review of hyper acute and acute stroke services involves the development of a decision-making business case. This will be the subject of independent clinical review by the South East Clinical Senate, consultation with the Joint HOSC and will be assured by NHS England and NHS Improvement before a Joint Committee of the ten local NHS clinical commissioning groups make a final decision on the future shape of urgent stroke services in January 2019.
- 4.2 Members of the Joint HOSC will be meeting informally on 12 October to discuss next steps ahead of receiving the business case at a formal meeting of the Committee later in the year. Councillors Wildey, Purdy, Royle and Murray are Members of the Joint HOSC.
- 4.3 Only the Joint HOSC may provide comments to the NHS on the proposals for the reconfiguration of stroke services across Kent and Medway. The work of both the Joint HOSCs on the Stroke Review has involved consideration of a range of detailed and complex data and information. This Committee is therefore invited to consider the current position in general terms and identify any comments and questions for the Members serving on the Joint HOSC to feed into the process.
- 4.4 Clearly there will be concern that the proposal does not identify Medway Maritime Hospital as one of the sites for provision of hyper acute stroke services despite robust evidence and analysis earlier in the process that Option D would provide the best outcomes for people requiring urgent stroke services across Kent and Medway. Medway Overview and Scrutiny Committee members should now test whether the proposed option would be in the interests of the health service in Medway and feed views into the deliberations of the Joint HOSC.
- 4.5 The Committee should also ask the Joint HOSC to seek an assurance that there will be sufficient time allowed for a detailed analysis of the decision making business case when it is published later in the year.
- 4.6 There are specified grounds for referral by a local authority of a proposed substantial development of, or variation to, the health service in its area to the Secretary of State for Health as follows:
  - where it is not satisfied with the adequacy of content of the consultation
  - where it is not satisfied that sufficient time has been allowed for consultation
  - where it considers that the proposal would not be in the interests of the health service in its area
  - where it has not been consulted and it is not satisfied that the reasons given for not carrying out the consultation are adequate
- 4.7 Any referral of a contested health service reconfiguration to the Secretary of State would not be agreed until the end of the consultation process and must include clear reasons for the referral and evidence in support of those reasons. Where relevant, the referral should include any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area.

## 5. Consultation

- 5.1 NHS commissioners and providers have duties in relation to public involvement and consultation and local authority consultation. The public involvement and consultation duties of commissioners are set out in Section 13Q of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England and Section 14Z2 of the NHS Act 2006 for CCGs.
- 5.2 NHS Trusts and Foundation Trusts are also under a duty to make arrangements for the involvement of the users of health services when engaged in the planning or provision of health services (Section 242 of the NHS Act 2006). The range of duties for commissioners and providers covers engagement with the public through to full public consultation.
- 5.3 Where substantial development or variation changes are proposed there is a separate requirement to consult the local authority.

## 6. Risk management

- 6.1 In 2016 the South East Clinical Senate published a review of the potential clinical implications for local hospitals not designated a HASU in any stroke reconfiguration. The evidence from this review highlighted a number of specific risks to the population of Medway as a result of the decision not to award HASU status to Medway Maritime Hospital
- 6.2 Key risks include:
  - 6.2.1 **Diagnosis and Treatment** - All specialist stroke physicians and nurses will be transferred from Medway Maritime Hospital to a HASU. This could impact on the initial treatment and care patients receive. Good practice in managing stroke requires all patients with symptoms of an acute stroke, to be urgently assessed and then discussed with the HASU. This initial triage requires maintenance of the appropriate clinical skills amongst the medical and nursing staff in the receiving specialties of the local hospital (mainly in A&E, acute medicine and elderly care). Failure to establish clear pathways between Medway Maritime Hospital and the designated HASU's could lead to disruption to the continuity of care, potentially causing slower recovery, greater clinical risk, and a longer length of inpatient stay.
  - 6.2.2 **Early supported discharge (ESD)** - The aim of a HASU is to ensure appropriate treatment and care is provided in the acute phase of a stroke. Once patients are stabilised and deemed fit for discharge, they need to be transferred either home or suitable community setting for recovery. Medway social care teams will need to establish a mechanism to facilitate ESD for Medway residents at all 3 HASUs. This may impact on social care capacity to facilitate ESD within Medway Maritime and other Hospitals, for non-stroke patients.
  - 6.2.3 **Rehabilitation** - The South East Clinical Senate review recommended that the provision of high quality, fully staffed and skilled specialist stroke rehabilitation services, is essential for good stroke care and patient outcomes. The new configuration of HASU's and movement of stroke care away from Medway Maritime Hospital, is likely to have an impact on Medway Council

social care pathways for long term recovery (care home placement and supported living).

6.2.4 **Workforce** - Removing specialist stroke services, may impact on Medway Maritime Hospital ability to recruit clinical and therapy staff. This in turn could destabilise remaining services (e.g. elderly care and therapies). This would have a negative impact on council social care services and performance, for example Delayed Transfer of Care (DToC) targets.

6.2.5 **Family and carers** - It is anticipated there will be increased travel requirements for Medway families visiting relatives in a HASU. Additional travel costs will have a disproportionate impact on people from the most disadvantaged communities who may not be a position to pay fuel, taxi, public transport costs.

## 7. Financial implications

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

## 8. Legal implications

8.1 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 Council has the ability to raise concerns about the decision making in this matter through the referral to the Secretary of State as set out in the body of the report.

8.3 Once a final decision is made by the Joint Committee of Clinical Commissioning Groups (CCGs), which has delegated authority from each CCG, challenge is also possible through the High Court exercising a review jurisdiction in judicial review. Any such challenge should be made within 12 weeks of the decision. The Court will exercise a review jurisdiction in circumstances where the decision has been made ultra vires (outside the powers of the decision maker), is "Wednesbury unreasonable" (no reasonable decision maker could have made the decision) or results in a breach of natural justice.

## **9. Recommendations**

9.1 The Committee is invited to:

9.1.1 Note that Option B has been published by the NHS in Kent and Medway as the preferred option for the location of three hyper acute stroke units across Kent and Medway at Darent Valley Hospital in Dartford, Maidstone Hospital and William Harvey Hospital in Ashford.

9.1.2 Identify any comments and questions for the four Medway Councillors appointed to the Joint HOSC to feed into the process.

### **Lead officer contact**

James Williams Director of Public Health  
Telephone: 01634 334308  
Email: [james.williams@medway.gov.uk](mailto:james.williams@medway.gov.uk)

### **Appendices**

Appendix A

Preferred option and associated FAQs published by NHS Kent and Medway on 17 September 2018

Appendix B

Terms of reference of the Joint Health Overview and Scrutiny Committee for the Review of hyper acute and acute stroke services

Appendix C

Response to public consultation on Stroke Services agreed by Medway's Cabinet on 10 April 2018 (and accompanying report)

Appendix D

Pre-consultation Business case for the Kent and Medway Stroke Review excluding the full suite of Appendices which can be accessed via the web link listed below under Background Papers

### **Background papers**

Agendas and Minutes of the Kent and Medway NHS Overview and Scrutiny Committee and the Joint KCC, Medway, Bexley and East Sussex Joint HOSC 2015 – 2018

<https://democracy.kent.gov.uk/ieListMeetings.aspx?CId=757&Year=0>  
<https://democracy.kent.gov.uk/ieListMeetings.aspx?CId=909&Year=0>

Pre-consultation business case on stroke review developed by the NHS  
<http://www.westkentccg.nhs.uk/news/news-articles/?blogpost=10471>