

HEALTH AND WELLBEING BOARD

6 NOVEMBER 2018

UPDATE KENT AND MEDWAY STROKE REVIEW

Report from James Williams, Director of Public Health

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Summary

This report updates the Board on the current status of the stroke review currently being undertaken by the NHS in Kent and Medway. The Council has been notified that the Joint Committee of Clinical Commissioning Groups (JCCCG's) for Kent and Medway (including Bexley CCG and East Sussex CCG) has agreed a preferred option for the location of three new specialist "Hyper Acute Stroke Units" (HASUs). These will be located alongside existing 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. This Committee will exercise the powers available to local authorities to comment and/or make recommendations on this substantial change to the health service in the four areas.

The Board is invited to note the decision made by the JCCCG's in relation to the preferred option of HASU's, consider the potential risks to the population of Medway and support Medway Council in opposing the decision.

1. Budget and Policy Framework

- 1.1 The Vision of Medway's Health and Wellbeing Board is '*The lives of all people in Medway will be as full, meaningful and healthy as possible. We will achieve this through making Medway a place where people are enabled and encouraged to look after themselves and others, services are accessible and delivered equally well across the area.*'
- 1.2 The proposed changes will impact on the delivery of stroke services for the residents of Medway. The Health and Wellbeing Board brings together key organisations and representatives of the public to work together to improve the health and wellbeing of the people of Medway. The general principles

underlying the creation of Health and Wellbeing Boards include shared strategic leadership and ownership within a local area for the identification of health and wellbeing issues for the population.

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 (Joint HOSC) for the next stages of the NHS consultation with the affected local authorities on Stroke Services. This Committee comprised Members from Kent County Council, Medway Council, East Sussex County Council and Bexley Council and was established in early 2018.
- 2.4 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 of Stroke Services. The documents can be found here <https://kentandmedway.nhs.uk/stroke/>. In February 2018 the NHS 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, see overleaf:

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. The same view was reached by the Health and Wellbeing Board at its meeting on 17 April 2018. The Health and Wellbeing Board also sent its own response to the public consultation expressing a preference for Option D.
- 2.7 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 Stroke 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 to the report.
- 2.8 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.
- 2.9 At the meeting of Medway Council on 11 October 2018 the Councillors present unanimously passed the following resolution:
- 2.9.1 *'This Council notes the critical role Medway Maritime Hospital plays in the delivery of stroke treatment for over 500,000 people across Medway and*

Swale, currently caring for the largest number of stroke patients in Kent and Medway.

2.9.2 *This Council further notes that new proposals made by Kent and Medway NHS would exclude Medway Maritime from becoming one of three new 24/7 hyper acute stroke units (HASU), despite the hospital's inclusion in three of the five options initially presented for consultation.*

2.9.3 *Council formally opposes any proposal which would not see Medway Maritime Hospital become a HASU, on the grounds that:*

- Representations from Medway Council made at multiple levels and including formal responses to the consultation, submitted in order to represent the interests of Medway's residents, have been given insufficient weight;*
- The likelihood that removing all specialist stroke services from Medway Maritime Hospital, will contribute to increasing health inequalities in Medway. This is in light of the mortality rate for cardiovascular disease deemed preventable in Medway (for persons aged under 75) is statistically worse than the England average (53.7 deaths per 100,000 population Medway, 46.7 deaths per 100,000 population England);*
- The probability that removing all specialist stroke services from Medway Maritime Hospital, will put lives at risk. Medway has one of the largest and fastest growing populations in the South East. Local residents will need to be transported to one of the 3 HASUs in Kent. Given that every second is crucial when it comes to initial treatment of stroke, and bearing in mind the specific and distinct geography of Medway, with its river and additional constraints transporting Medway residents who have had a stroke, or suspected stroke to HASUs will be challenging;*
- It is unacceptable, and undermines this Council's agenda to improve health inequalities, that services designed to provide for residents across Kent and Medway will not see a single site placed within Medway itself.*

2.9.4 *Council, therefore, resolves to:*

- Write to the Kent and Medway NHS leadership responsible for commissioning stroke services to encourage serious reconsideration of the current proposals;*
- Write to the three Medway MPs to ask that they join the Council in opposing the current proposals;*
- Ensure this issue is thoroughly discussed and debated within all appropriate forums to protect the interests of all present and future patients treated at Medway Maritime Hospital – including, but not limited to, the Medway Health and Wellbeing Board and the Kent and Medway Joint Health and Wellbeing Board;*
- Request the Leader to make representations to the Chairman of the South East Clinical Senate, seeking a robust review by the Clinical Senate, of the methodology and evaluation process used to inform the selection of the preferred option for HASUs in Kent and Medway (taking into account this Council's concerns).'*

3. Next steps

- 3.1 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 which reviewed the preferred option on 18 October 2018. Pending a report by the South East Clinical Senate, the next stage will be consultation with the Joint HOSC and final assurance by NHS England and NHS Improvement (national commissioners and regulators of NHS services) 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.
- 3.2 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 Board is therefore invited to consider the current position in general terms.
- 3.3 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.
- 3.4 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.
- 3.5 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.

4. Consultation

- 4.1 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.

- 4.2 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.
- 4.3 Where substantial development or variation changes are proposed there is a separate requirement to consult the local authority.

5. Risk management

5.1 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.

5.2 Key risks include:

5.2.1 **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.

5.2.2 **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 to a 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.

5.2.3 **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).

5.2.4 **Workforce** - Removing specialist stroke services may have an impact on Medway Maritime Hospital's 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.

- 5.2.5 **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 in a position to pay fuel, taxi, public transport costs.

6. Financial implications

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

7. Legal implications

- 7.1 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).
- 7.2 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.
- 7.3 Once a final decision is made by the Joint Committee of Clinical Commissioning Groups (JCCCGs), 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.

8. Recommendations

- 8.1 The Health and Wellbeing Board is asked to:
- 8.1.1 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 (HASUs) across Kent and Medway at Darent Valley Hospital in Dartford, Maidstone Hospital and William Harvey Hospital in Ashford;
- 8.1.2 consider the potential risks to the population of Medway as a result of the decision not to award HASU status to Medway Maritime Hospital; and

8.1.3 support the position of Medway Council in opposing the preferred option (B).

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Appendices

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

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

<https://kentandmedway.nhs.uk/stroke/>

Cabinet Report and Record of Decisions – 10 April 2018

<https://democracy.medway.gov.uk/ieIssueDetails.aspx?IId=22642&Opt=3>

Health and Wellbeing Board Report and Minutes – 17 April 2018

<https://democracy.medway.gov.uk/mgAi.aspx?ID=18451>