



## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

12 MARCH 2019

### OUTCOME OF NHS CONSULTATION ON ACUTE AND HYPER-ACUTE STROKE SERVICES IN KENT AND MEDWAY

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#### Summary

This report advises Members of the decision made by the Joint Committee of CCGs for Stroke Services (JCCCGs) on 14 February 2019 to locate Hyper Acute Stroke Units (HASUs) at Darent Valley Hospital in Dartford, Maidstone Hospital and the William Harvey Hospital in Ashford. Acute stroke treatment in Kent and Medway is currently provided at these three hospitals as well as at Medway Maritime Hospital, Queen Elizabeth, the Queen Mother Hospital in Margate and Tunbridge Wells Hospital. Development of the NHS agreed option will result in the removal of treatment of stroke patients from these hospitals.

The Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (JHOSC) met on 26 February 2019 and recommended the relevant committees of the four partaking authorities to support the decision of the JCCCGs, subject to the NHS making an undertaking to review the provision of acute and hyper acute units, should demographic changes require it.

This Committee is invited to consider whether to accept the JHOSC recommendation or to report the matter to the Secretary of State for Health. A report can be made to the Secretary of State where the Committee is not satisfied that the NHS consultation with the Joint Overview and Scrutiny Committee has been adequate in relation to content or time allowed or where the Committee considers that the proposal would not be in the interests of the health service in its area.

## **1. Budget and Policy Framework**

- 1.1 Medway Council has delegated the function of health scrutiny to the Health and Adult Social Care Overview and Scrutiny Committee and the Children and Young People Overview and Scrutiny Committee. This includes the power to report contested NHS service reconfigurations to the Secretary of State.
- 1.2 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*'.
- 1.3 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'.
- 1.4 The proposed changes will impact on the delivery of stroke services for the residents of Medway.
- 1.5 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 Medway Council, Kent County 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 A. 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 is a matter for each local authority to determine separately. For Medway this is a decision for the Health and Adult Social Care Overview and Scrutiny Committee.

2.5 In January 2018 the NHS produced a pre-consultation business case and options for change to Stroke Services (<https://kentandmedway.nhs.uk/wp-content/uploads/2018/01/180124-Stroke-PCBC-vFINAL.pdf>). 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:

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 B. 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. This 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, development of Decision Making Business Case (DMBC) and further consideration by Medway**

- 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 was 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 C.
- 3.2 The preferred option had been 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 as observers. The Chairman and Vice-Chairman of this Committee both attended.
- 3.3 A special meeting of this Committee took place on 3 October 2018, following the selection of the NHS preferred option and in consideration of the fact that this option did not include the provision of a HASU at Medway Maritime Hospital. The meeting provided Members of the Committee with the opportunity to understand the reasons for the preferred option, and to express views and raise questions which could be taken forward to the Joint HOSC by the four Medway Members of that Committee. Representatives of the Stroke Review Team attended this meeting. It was agreed that a Member briefing would be held once the documentation from the evaluation workshop held on 13 September 2018 had been received, for representatives of the review team to give a more detailed explanation of the results of the evaluation process. This briefing took place on 25 October 2018 and was attended by the four Medway Members of the Joint HOSC.
- 3.4 **Council – 11 October 2018**

A motion in relation to the Stroke review was agreed at the meeting of Medway Council on 11 October 2018. The motion was carried as follows:

3.5 “This Council notes the critical role Medway Maritime Hospital plays in the delivery of stroke treatment for over 500,000<sup>1</sup> people across Medway and Swale, currently caring for the largest number of stroke patients in Kent and Medway. 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. 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.

3.6 Council therefore resolved 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.

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<sup>1</sup> 500,000 is the approximate combined population of Medway and Swale and not the number of strokes in these areas

- 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)."

### 3.7 Health and Wellbeing Board - 6 November 2018

The following recommendation was agreed by the Board:

The Board:

- i) Noted that Option B had been published by the NHS in Kent and Medway as the NHS preferred option of the NHS 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;
- ii) Considered the potential risks to the population of Medway as a result of the proposed option that would not award HASU status to Medway Maritime Hospital;
- iii) Supported the position of Medway Council in opposing the proposed option (B) and strongly supported continuing to press for its own preferred option D.

### 3.8 Kent and Medway Joint Health and Wellbeing Board – 14 December 2018

The Joint Board agreed the following:

The Kent and Medway Joint Health and Wellbeing Board:

- a) noted the questions raised by Medway and commented on the likelihood that option D (which would locate HASUs at Medway Maritime, Tunbridge Wells and William Harvey Hospitals), would have emerged as the preferred option had questionable changes to the methodology and selection criteria not been introduced at a late stage in the process.
- b) requested that the concerns raised be taken into account by the Joint Committee of CCGs before a decision is made.

3.9 The NHS produced a Decision Making Business Case (DMBC) in support of Option B (<https://kentandmedway.nhs.uk/stroke/dmbc/>). This was presented to the JHOSC on 14 December 2018. It had been anticipated that the JHOSC would formally comment on the DMBC and for these comments to be submitted to the Joint Committee of Clinical Commissioning Groups for Stroke Services ahead of it making a decision on whether to proceed with the implementation of Option B. However, the NHS advised during the JHOSC meeting that the DMBC

document under consideration was not the final version. It was, therefore, agreed that a further meeting of the JHOSC would take place to enable it to comment on the final DMBC.

- 3.10 Medway Council submitted a report to the 14 December JHOSC meeting on the basis that the Council did not consider that Option B was in the best interests of the health service in Kent and Medway. This also set out the view that Medway considered there to have been flaws in the way that the Joint Committee of Clinical Commissioning Groups was led to choose the selected sites.
- 3.11 Medway commissioned an external expert, Jon Gilbert, to analyse the NHS preferred option and the decision making process. The report and expert opinion submitted to the 14 December meeting are attached as Appendix D.

#### **4. Proposal to Joint HOSC**

- 4.1 On 1 February 2019, the Joint HOSC met to consider and comment on the final Decision Making Business Case (<https://kentandmedway.nhs.uk/stroke/dmbc/>). Councillor Wildey, in his capacity as Vice-Chairman, moved a recommendation, which was seconded by Councillor Murray, to request that the Joint HOSC ask the JCCCG to delay taking a decision to implement Option B and to develop a Decision Making Business Case in support of Option D, which would see the establishment of HASUs at Medway Maritime Hospital, Tunbridge Wells Hospital and William Harvey Hospital in Ashford.
- 4.2 The full text of this recommendation was as follows:

I propose that the Joint HOSC should agree to recommend the following to the Joint Committee of CCGs (JCCCGs) on 14 February 2019:

- i) The JCCCGs should delay taking a decision to implement Option B, the NHS preferred option, on the basis that it is not in the interests of the health service across Kent and Medway to pursue an option which locates all three HASU's in CCG areas with relatively low levels of deprivation. This is of significant concern in the context of the new NHS Long Term Plan which makes a commitment to a concerted and systematic approach to reducing inequalities with a promise that action on health inequalities will be central to everything the NHS does. There also remain concerns that:

- there are serious issues in relation to the process used to select the preferred option for Kent and Medway which is open to challenge
- the capacity of the 3 preferred HASU's will be significantly impacted on given the flow of patients from South East London into Darent Valley hospital and;

Secondly,

ii) The Joint HOSC should further recommend that the JCCCGs develop a decision making business case for Option D, which would locate the third HASU at Medway Maritime Hospital which serves one of the most deprived CCG areas in Kent and Medway (see Figure 3 on page 16 of the decision making business case) recognising that there is now a prospect of the HASU which serves the population of East Kent being located at Kent and Canterbury hospital (see page 142 of the final decision making business case for Option B)

4.3 Upon being put to the vote, Cllr Wildey's proposal was not agreed by the Joint HOSC. The terms of reference of the JHOSC allow for the submission of a minority response where the JHOSC cannot agree a single response to a proposal under consideration, subject to the minority response being supported by at least two members of the committee. In accordance with the Terms of Reference, it was agreed that the proposal put forward by the four Medway Members of the Committee, as set out above, and incorporating an updated expert opinion from Jon Gilbert, should be submitted to the JCCCG as the JHOSC Minority Response.

4.4 The Joint HOSC agreed the following recommendation as its formal recommendation, with the four Medway Members abstaining from the vote:

The NHS are asked to pass on the comments of the JHOSC to the Joint Committee of Clinical Commissioning Groups (JCCCG) and to report back to the Joint Stroke HOSC and ask that the JCCCG prepare and consider an analysis of how population growth in North Kent, specifically Medway and the Thames Gateway, and East Kent has been taken into account in the proposals, particularly in relation to the number of HASUs being proposed.

4.5 The formal recommendation and the Minority Response were each submitted by the JHOSC to the JCCCG, ahead of the JCCCG making a decision on the preferred option on 14 February. The Minority Response is attached as Appendix E.

## **5. Joint Committee of Clinical Commissioning Groups for Stroke Services and Final JHOSC meeting**

5.1 At its meeting on 14 February 2019, the Joint Committee of Clinical Commissioning Groups for Stroke (JCCCG) made the decision to proceed with the development of Option B for Hyper Acute Stroke Units (HASUs) to be established at Darent Valley Hospital – Dartford, Maidstone Hospital and William Harvey Hospital - Ashford. The Chairman, Vice-Chairman and Opposition Spokesperson of this Committee all attended this meeting as observers. However, due to interruptions from some members of the audience the meeting was

adjourned. When the meeting reconvened, the Medway Members were not present and were, therefore, not in the room when the decision was made. It was possible to listen to the meeting live via an audio webcast.

5.2 The full decision of the JCCCG was as follows:

Taking into account all of the evidence that has been made available to JCCCG members, the JCCCG agree the following resolutions on the basis that, taken together, they represent the most effective way of providing high quality acute stroke care for patients in, and residents of, Kent and Medway:

- 1) To agree and adopt the acute stroke service models with 3 HASU/ASUs as described in Section 3 [of the report].
- 2) To agree the establishment of these joint HASU/ASUs at Darent Valley Hospital, Maidstone General Hospital and William Harvey Hospital as described in section 6.4.
- 3) To agree that when the HASU/ASUs are operational that acute stroke services will no longer be commissioned at Medway Hospital, Tunbridge Wells Hospital, Queen Elizabeth, the Queen Mother Hospital and Kent & Canterbury Hospital.
- 4) To note the integrated impact assessment of the preferred option as set out in Section 8.4 and agree the establishment of a Transport Advisory Group to make recommendations on travel issues as part of implementing the plans.
- 5) To agree the current financial impact and confirm a review of long term financial sustainability will be undertaken as part of implementation.
- 6) To agree the key performance benefits set out in Section 10.4 and agree to set up the benefits monitoring system outlined in Section 10.5.
- 7) To agree that a business case for stroke rehabilitation services is needed as a matter of urgency and will be presented to the JCCCG not later than spring 2019.
- 8) To agree the adoption of the governance model and resourcing plan set out in Section 9.3.
- 9) To agree that a prevention business case will be presented to the JCCCG as soon as possible.

5.3 A further Stroke Review Joint Health Overview and Scrutiny Committee took place on 26 February to consider the decision of the JCCCG and

to make a recommendation to the health scrutiny committees of Medway, Kent, Bexley and East Sussex as to whether they should consider referring the decision regarding a substantial variation to stroke services to the Secretary of State for Health. The final decision as to whether to refer is a matter for each of these committees to consider individually as the power to make a referral to the Secretary of State has not been delegated to the JHOSC.

- 5.4 Councillor Wildey, in his capacity as Vice-Chairman, moved a recommendation, which was seconded by Councillor McDonald, to request the following:
- 5.5 That the Joint HOSC acknowledges the concerns raised by Medway Council that the proposed location of three HASU's in Kent and Medway, which excludes Medway Maritime Hospital as one of those sites, is not in the interests of the health service in Kent and Medway. This is based on the evidence previously provided by Medway relating to health inequalities, insufficient capacity and flaws in the methodology used for selection of the preferred option. It is of grave concern that the Decision Making Business Case for Option B has been signed off with key workstreams relating to prevention, rehabilitation and financial sustainability incomplete.
- 5.6 The Joint HOSC therefore agrees that the four relevant committees consider that the proposed reconfiguration of hyper acute stroke services across Kent and Medway should be referred to the Secretary of State for Health and to call on him to ask for an evidence based review of the concerns raised by Medway with particular emphasis on the scope of Option B to deliver a reduction in health inequalities as opposed to Option D.
- 5.7 Upon being put to the vote, Medway's proposal was not agreed.
- 5.8 The Joint HOSC then agreed the following recommendation as its formal recommendation, with the four Medway Members abstaining / voting against:

The Committee recommends that the relevant committees of the partaking authorities support the decision of the Joint Committee of CCGs subject to the NHS making an undertaking to review the provision of acute and hyper acute units, should demographic changes require it.

## **6. Advice and Analysis**

- 6.1 The JHOSC has agreed to recommend to the four participating local authorities that the decision made by the JCCCG should not be referred to the Secretary of State for Health. However, the Committee will note that Medway has been unequivocal to date in opposing the development of Option B on the grounds that it does not consider that this option would be in the best interests of the health service of either Medway or of Kent and Medway as a whole. The right of referral to the

Secretary of State sits with this Committee and it is therefore the decision of this Committee as to whether to make such a referral.

6.2 The Medway Members on the Joint HOSC believe that this Committee should report to the Secretary of State for Health. Should the Committee decide to make a referral to the Secretary of State, detailed reasons will be set out in the referral letter. These are summarised as follows:

- i) **Health Inequalities** – Implementation of Option B would result in residents from areas of higher deprivation, who have the greatest need for stroke services, being disproportionately adversely affected, because the HASUs will be located in some of the least deprived CCG areas in Kent and Medway. This is contrary to the NHS Long Term Plan which makes a commitment to a concerted and systematic approach to reducing inequalities with a promise that action on health inequalities will be central to everything the NHS does. The Joint Committee of CCGs has been unable to provide evidence to support claims in the DMBC that populations in deprived areas have benefitted more than those in more affluent areas from reconfigurations undertaken elsewhere. Instead they argue that better outcomes for all as a consequence of improved stroke services will address health inequalities. At best this will perpetuate the existing health inequalities because there is no suggestion that there will be better outcomes for people from more deprived areas, and at worst health inequalities will increase because the HASUs will not be in the most deprived CCG areas. While a prevention work stream has been offered as a means of reducing health inequalities, this was offered in the closing days of a process that has taken over four years. There is as yet no associated business case and prevention work is not budgeted for in the DMBC. There is no specific commitment to provide funds for this.
- ii) **Bed Capacity** - Delivery of Option B could result in bed capacity in HASUs being quickly outstripped by growth in demand. Capacity would also be taken by residents of South East London, resulting in there being fewer beds available for the population of Kent and Medway. Capacity deficit issues have been addressed very late in the development of the DMBC via last minute work on population and housing growth, which brings into question the validity of the basis on which the options were initially developed. Action to address capacity shortfall relies on driving down length of stay, which is aspirational at this point and if unachievable could mean that the model will provide insufficient capacity as early as 2023.
- iii) **Evaluation Process** – Medway has previously raised concerns that it considers the evaluation process used to select Option B as the preferred option to have been flawed. This was on the basis that significant changes were made between the Pre-Consultation Business Case (PCBC) / consultation stage and publication of the Decision Making Business Case. Had these changes not been made, it is considered likely that Option D (Medway, Tunbridge

Wells and William Harvey) would have been identified as the NHS preferred option rather than Option B. In particular, Option D became unviable after public consultation due to escalating capital costs at Tunbridge Wells and the late consideration of the impact of the Princess Royal University Hospital (PRUH). It is arguable that disproportionate weight has been given to the needs of the population of South London compared to the needs of the population of Kent and Medway and that the public consultation was misleading.

iv) **Further work required in key areas** – Decisions made by the JCCCG on 14 February included agreeing the establishment of a Transport Advisory Group to look at concerns about travel times; to confirm that a review of long term financial sustainability will be undertaken as part of implementation; to agree that a business case for stroke rehabilitation services is needed as a matter of urgency and will be presented to the JCCCG not later than spring 2019 and; to agree that a prevention business case will be presented to the JCCCG as soon as possible. Whilst these decisions provide some reassurance, it is concerning that the success of the reconfiguration appears to rely on further work being undertaken and reducing length of stay and that the Decision Making Business Case was signed off and a decision made to implement Option B in view of this uncertainty.

6.3 A referral to the Secretary of State for Health can be made on the following grounds:

- (i) *The local authority is not satisfied there has been adequate consultation with the relevant HOSC or Joint HOSC in terms of content or time allowed.*
- (ii) *Where a consultation was not possible because of a risk to the safety of welfare of patients or staff, it is considered the reasons given for the lack of consultation were inadequate.*
- (iii) *The local authority considers that the proposal would not be in the best interests of the health service in its area.*

6.4 Medway has previously been clear that the principle of developing HASUs is accepted on the basis of clinical evidence that the centralising of acute stroke services and the provision of hyper acute stroke units will lead to better overall outcomes for patients across Kent and Medway. If the Committee was to determine that a referral to the Secretary of State should be made, this would be to challenge the proposed location of the HASUs rather than the principle of their establishment.

6.5 There has been some suggestion at the Joint HOSC that consideration should be given to establishing a fourth HASU in Kent and Medway. The NHS has stated that this would not be viable currently as it would result in workforce challenges and some of the HASUs not seeing

enough stroke patients in order for specialist expertise to be sufficiently maintained. Notwithstanding this, it is recommended that the Committee does not consider the need for a fourth HASU as a reason for referral as it is considered likely that any fourth HASU would be located in East Kent and not in Medway. The Joint HOSC was also advised that the HASU at William Harvey could be relocated to Canterbury should a new hospital be built in the longer term.

- 6.6 The Committee should also be aware that a referral to the Secretary of State, could, depending upon the response from the Secretary, lead to a delay in the implementation of HASUs in Kent and Medway.

## **7. Consultation**

- 7.1 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.
- 7.2 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.
- 7.3 Where substantial development or variation changes are proposed there is a separate requirement to consult the affected local authority.

## **8. Risk management**

- 8.1 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.
- 8.2 Key risks include:
- 8.2.1 **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).

- 8.2.2 **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 three HASUs. This may impact on social care capacity to facilitate ESD within Medway Maritime and other Hospitals, for non-stroke patients.
- 8.2.3 **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).
- 8.2.4 **Workforce** - Removing specialist stroke services, may 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.
- 8.2.5 **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. The NHS has undertaken to look at this and establish a transport advisory group.

## 9. Financial Implications

- 9.1 There are no financial implications for Medway Council arising directly from the contents of this report.

## 10. Legal implications

- 10.1 A Joint Health Overview and Scrutiny Committee of Kent County Council, Medway Council, East Sussex County Council and Bexley Council (Joint HOSC) was 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 was this Joint HOSC that commented on the outcome of the consultation exercise (Regulations 23 and 30, Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013).
- 10.2 The Joint HOSC has recommended to the health scrutiny committees of each council that they do not refer the decision to the Secretary of State for Health. However, the decision as to whether to refer is a matter to be determined individually by each health scrutiny committee.

Details of the background resulting in the establishment of the Joint HOSC and the grounds for referral to the Secretary of State are set out in the body of the report.

- 10.3 Current Local Authority health scrutiny guidance issued by The Department of Health states that when exercising the power to make a referral to the Secretary of State Local Authorities should ensure they are in a position to satisfy the relevant requirements under Regulation 23 to include certain explanations and evidence with the referral and in particular a requirement to ensure that practicable steps have been taken to reach agreement if there is disagreement between the health scrutiny body and the NHS where the health scrutiny comments include a recommendation. This would be a matter for each Council to demonstrate prior to making a referral.
- 10.4 In order to satisfy this requirement, since the NHS preferred option was announced on 17 September 2018 the Council's concerns have been discussed with the Stroke Review team on several occasions; at a special meeting of HASC on 3 October, at an informal briefing for Medway Councillors on 25 October and at three Joint HOSC meetings held on 14 December 2018 and 1 and 26 February 2019. The Stroke Review team has also been invited to attend this Committee meeting.

## **11. Recommendations**

- 11.1 The Committee is asked to consider the report and either:
- a) To agree the recommendation of the Joint HOSC to support the decision of the Joint Committee of CCGs subject to the NHS making an undertaking to review the provision of acute and hyper acute units, should demographic changes require it.
- OR
- b) Decide to exercise the power to report to the Secretary of State for Health about the proposed establishment of Hyper Acute Stroke Units (HASUs) at Darent Valley Hospital, Dartford, Maidstone Hospital and William Harvey Hospital Ashford (consultation Option B) and resulting removal of acute stroke services from other hospitals in Kent and Medway, including Medway Maritime, for the reasons set out in paragraph 6.2 and on the basis that the requirement to take practical steps to reach agreement with the NHS on this matter have been taken, as set out in paragraph 10.4.
- 11.2 If b is agreed, to:
- i) Delegate authority to the Director of Public Health and Head of Democratic Services (who is the Council's Designated Scrutiny Officer) to take the necessary steps to produce and submit the report to the Secretary of State for Health, based on the rationale set out in paragraph 6.2, in consultation with the Chairman, Vice-Chairman and Opposition Spokesperson of this Committee.

- ii) To formally notify the Joint Committee of Clinical Commissioning Groups for Stroke Services of the decision to report to the Secretary of State.

### **Lead officer contacts**

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### **Appendices**

- Appendix A Kent and Medway Stroke Review JHOSC Terms of Reference
- Appendix B Response to public consultation on Stroke Services agreed by Medway's Cabinet on 10 April 2018 (excluding appendices)
- Appendix C Preferred option and associated FAQs published by NHS Kent and Medway on 17 September 2018
- Appendix D Statement from Medway Council to Kent and Medway Stroke Review Joint HOSC, 14 December 2018
- Appendix E Minority Response from Medway Council representatives on the Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee, 6 February 2019
- Appendix F Papers for JCCCG meeting, 14 February 2019
- Appendix G Draft Minutes from JCCCG meeting, 14 February 2019
- Appendix H Response from JCCCG to Joint HOSC, 26 February 2019
- Appendix I Population Modelling Undertaken following request by JHOSC, February 2019
- Appendix J Further correspondence between Medway Council and NHS, January 2019 (Note – Some previous letters are included as part of Appendix D)

### **Background papers**

Agenda and minutes of:

Health and Adult Social Care OSC - 11 August 2015 and 3 October 2018  
<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=3255&Ver=4>  
<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=4313&Ver=4>

Council – 11 October 2018

<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=122&MId=4086&Ver=4>

Health and Wellbeing Board - 6 November 2018

<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=408&MId=4095&Ver=4>

Kent and Medway Joint Health and Wellbeing Board – 14 December 2018

<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=510&MId=4248&Ver=4>

Kent and Medway Joint HOSC 2016-2018

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

Kent and Medway Stroke Review Joint HOSC 2018-19

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

Kent and Medway Stroke Review Pre-Consultation Business Case,  
24 January 2019

<https://kentandmedway.nhs.uk/wp-content/uploads/2018/01/180124-Stroke-PCBC-vFINAL.pdf>

Decision Making Business Case for the Review of Urgent Stroke Services in  
Kent and Medway, 22 January 2019

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