



Date: 11 April 2018
Our ref: QEQM Cabinet Advisory Group/Agenda
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QEQM HOSPITAL CABINET ADVISORY GROUP

19 APRIL 2018

A meeting of the QEQM Hospital Cabinet Advisory Group will be held at 12.00 pm on Thursday, 19 April 2018 in the Business Suite - Council Offices.

Membership:

Councillor Game (Chairman); Councillors: L Fairbrass, I Gregory, Matterface and L Potts

A G E N D A

Item
No

Subject

1. **DECLARATIONS OF INTEREST**

To receive any declarations of interest. Members are advised to consider the advice contained within the Declaration of Interest form attached at the back of this agenda. If a Member declares an interest, they should complete that form and hand it to the officer clerking the meeting and then take the prescribed course of action.

2. **APOLOGIES FOR ABSENCE**

3. **MINUTES OF PREVIOUS MEETING** (Pages 3 - 6)

To approve the Minutes of the QEQM Hospital Cabinet Advisory Group meeting held on 13 December 2016, copy attached.

4. **HYPER ACUTE STROKE CONSULTATION** (Pages 7 - 18)

Declaration of Interests Form

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QEQM HOSPITAL CABINET ADVISORY GROUP

Minutes of the meeting held on 13 December 2016 at 11.15 am in the Austen Room,
Council Offices, Cecil Street, Margate, Kent.

Present: Councillor Game (Chairman); Councillors L Fairbrass, J Fairbrass,
Grove and Matterface

In Attendance: Councillor Constantine

6. APOLOGIES FOR ABSENCE

Apologies were received from the following Members:
Councillor I. Gregory;
Councillor Falcon;
Councillor Wells.

7. DECLARATIONS OF INTEREST

There were no declarations received at the meeting.

8. MINUTES OF PREVIOUS MEETING

Councillor Matterface proposed, Councillor L. Fairbrass seconded and Members agreed the minutes to be a correct record of the meeting held on 21 April 2016.

9. CAG TO DRAFT COUNCIL RESPONSES TO THE EKHUFT & PARTNER AGENCIES PUBLIC CONSULTATION

Councillor Game, Chairman of the cabinet advisory group introduced the item for debate and advised that Hazel Carpenter would be joining the meeting later to provide a brief overview of the public consultation currently underway. Members made the following comments in relation to the survey questionnaire:

- The survey was too complex for the public, in view of the fact that there was a high percentage of the elderly population that would struggle with the questions;
- The questionnaire was full of jargon;
- A number of people in Thanet were not computer literate;
- The questionnaire will discourage residents from taking part;
- Will the Ebbsfleet development disadvantage other areas like Thanet?

Hazel Carpenter then joined the meeting and addressed Members of the sub group highlighting the key changes that were being proposed for a new approach to delivering health and social care services in Kent and Medway. Ms Carpenter raised the following points about the reform process:

- There were significant challenges nationally for the national health services which was experiencing budget deficits, employment & retention challenges and increased demand for services;
- There was a need to understand how these services could be structured locally;
- CCG has to evidence that they have consulted widely on any options for change;
- The National Health Service (NHS) has now been divided into 44 Sustainable Transformation Plans (STPs) and Thanet sits within to the Kent & Medway STP;
- Whilst East Kent had already started work on transformation models, West and North Kent were not yet ready to consult;

- Most people would like to be cared for in their homes but still retaining access to specialist services;
- Thanet CCG is developing how local care should look.

Workforce planning:

- The east Kent Case for Change highlights the challenges in locally recruiting adequate number of doctors and other key staff;
- The NHS was increasingly relying on para-medics. There is therefore a need to plan for it;
- Plans were underway for a bid for a medical school for Kent and Medway led by the local Universities working together.

What Next:

- January/ February publication of a Kent and Medway case for change
- On-going development of service models for care locally, in hospital settings, for mental health and to ensure poor health is prevented;
- Development of options for any identified significant change;
- Development of evaluation criteria with clinicians, patients and public against which to assess the options;
- Potential consultation in 2017 no earlier than June 2017.

Ms Carpenter suggested that she could come back to the sub group at key points in the critical path to consultation and in response Members AGREED to hold a meeting as indicated by the critical path. She further reported that Thanet CCG had won a national award for the innovative work it was undertaking on coming up with new ways of working and delivering health and social care services to local residents. Ms Carpenter attributed this success to the good work being done by the local GPs with the nursing and social care staff who work alongside them locally.

Ms Carpenter said that the new way of working is seeing GPs working together across localities (Margate, Quex, Broadstairs and Ramsgate). In response one Member said that there were concerned there could transportation challenges for some residents who need primary care services. They may in some instances have to rely on taxis, which is expensive form of transport. Ms Carpenter said that these issues would be dealt with as part of the criteria. She also said that some bus operators had frailty policies that some residents could use.

All GPs had signed up to the new IT initiatives of patients data sharing. One of the changes also being brought in is that the GPs in the area have been grouped into 4 Primary Care Houses (PCHs), made up of the following:

Quex
Broadstairs;
Margate;
Ramsgate.

The four PCHs work the Acute Response Team which is led by a Thanet GP on a rota basis.

Ms Carpenter reiterated the point that an analysis will be conducted on recruitment and retention to ensure that the services were adequately staffed. In response to a Member query, she also said that the Ebbsfleet development will not disadvantage other areas and further made the following points:

- Use of digital date in health delivery services is lacking;
- Its proposed that there be data sharing between health practitioners;
- GP consulting via skype is being piloted;

- Very careful analysis including equity audit is conducted before new approaches are adopted;
- The current funding formula had a higher weighting for age than deprivation. This therefore impacts negatively Thanet or similar areas. This however was a political question;
- The clinical commissioning was based on the Right Care Data and joint Strategic Needs.'

In responses to a member of the public email that was read out at the meeting by the Chairman, Ms Carpenter said that the CCGs constantly reviewed service provision in order to find a way of improving the living standards of local communities.

Member Observations/Queries regarding the survey:

- The questionnaire was too complicated for a public survey;
- There was too much jargon in the questions being asked;
- Are transportation issues in relation to the proposed changes being factored in the new proposals and how will these issues be addressed;
- There is a need for a breaking down of terminology in the consultation documents for enable clearer understanding of the issues being presented;
- There is a need to use plain English;
- Changes being suggested have to bear in mind the Thanet disadvantages;
- There is a need to highlight demographics in Thanet.

In response Ms Carpenter said that:

- She will feedback the above comments to South Kent Coast CCG and Thanet CCG;
- QEQM Hospital Cabinet Advisory Group will get a formal response to their queries.

In conclusion Members AGREED that Penny Button, Head of Safer Neighbourhoods will draft the sub group's response using the working from the Member Observations/Queries list above and forward by email to Members of the sub group. The Members will in turn be expected to confirm the wording in the draft response document by emailing back to Ms Button. Thereafter Ms Button will forward the response to the Kent and Medway STP public consultation.

Meeting concluded: 12.45 pm

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Hyper Acute Stroke Consultation

QEQM Hospital Cabinet Advisory Group	19 April 2018
Report Author	Penny Button, Head of Safer Neighbourhoods
Portfolio Holder	Cllr Game, Portfolio Holder for Housing and Safer Neighbourhoods
Status	For Recommendation
Classification:	Unrestricted
Key Decision	No
Ward:	All Wards

Executive Summary:

The NHS are proposing to improve stroke services across Kent and Medway by creating three 24\7 hyper acute stroke units. The consultation suggests five different locations to choose three from. There is a significant prescribed response questionnaire to complete.

Recommendation(s):

That the Cabinet Advisory Group prepares a response to the consultation.

CORPORATE IMPLICATIONS

Financial and Value for Money	Whilst there is no direct financial impact for Thanet District Council with regard to the proposals there is a cost in resources to assist in preparing a response with the Cabinet Advisory Group
Legal	By providing a response to this consultation Thanet District Council are not taking any responsibility for the delivery of these services, merely passing comment on the suitability of their location.
Corporate	It is important that the Council make formal representations on behalf of their constituents.
Equality Act 2010 & Public Sector Equality Duty	<p>Members are reminded of the requirement, under the Public Sector Equality Duty (section 149 of the Equality Act 2010) to have due regard to the aims of the Duty at the time the decision is taken. The aims of the Duty are: (i) eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act, (ii) advance equality of opportunity between people who share a protected characteristic and people who do not share it, and (iii) foster good relations between people who share a protected characteristic and people who do not share it.</p> <p>Protected characteristics: age, gender, disability, race, sexual orientation, gender reassignment, religion or belief and pregnancy & maternity. Only aim (i) of the Duty applies to Marriage & civil partnership.</p>

	Please indicate which aim is relevant to the report.	
	Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act,	
	Advance equality of opportunity between people who share a protected characteristic and people who do not share it	
	Foster good relations between people who share a protected characteristic and people who do not share it.	
	<p>Whilst this report has no specific impact on protected characteristics the response provided to the hyper acute stroke consultation should take into account the impact that the proposals have on those with the protected characteristics of disability, age, and socio-economic background.</p>	

CORPORATE PRIORITIES (tick those relevant)✓	
A clean and welcoming Environment	
Promoting inward investment and job creation	
Supporting neighbourhoods	✓

CORPORATE VALUES (tick those relevant)✓	
Delivering value for money	✓
Supporting the Workforce	
Promoting open communications	✓

1.0 Introduction and Background

- 1.1 The NHS in Kent and Medway (Bexley in South East London and the High Weald area of East Sussex) are running a public consultation on the future of urgent stroke services in Kent and Medway. The NHS is asking for people’s views on proposals to establish new 24/7 hyper acute stroke units in Kent and Medway.
- 1.2 Improving stroke services is part of a wider programme across Kent and Medway involving all the local NHS organisations, Kent County Council and Medway Council looking at what needs to be done differently to bring about better health and wellbeing, better standards of care, and better use of staff, funds and other resources.

2.0 The Current Situation

- 2.1 The consultation advises that despite best efforts, the way in which stroke services are currently organised and a shortage of specialist staff means the majority of hospital stroke services do not consistently meet national standards for clinical quality.
- There are only 1/3 of the stroke consultants needed to deliver a best practice service in all hospitals.
 - 24/7 access is not consistently available for consultants, brain scans and clot busting drugs
 - One in three stroke patients are not getting brain scans in the recommended time after arriving at hospital.
 - Only one unit sees enough stroke patients for staff to maintain and develop their expertise (recommended minimum of 500 stroke patients per year)
 - Half of all appropriate patients are not getting clot busting drugs in the recommended time after arriving at hospital.
- 2.2 Stroke services can be separated into three areas: Prevention; urgent care during a stroke; and rehabilitation. The current consultation focuses purely on changes to

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urgent stroke services provided in hospitals across Kent and Medway and is being run jointly by the clinical commissioning groups.

- 2.3 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. Each unit would also have alongside it: an acute stroke unit where people may go after the initial 72 hours for further care until they are ready to be discharged and a transient ischaemic attack clinic (TIAs are also known as “mini strokes” and can be an indication that a stroke may follow).
- 2.4 The consultation is looking at whether 3 units is the right amount and there are 5 potential options for their location. The options are:
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 and William Harvey Hospital
- 2.5 To develop the option calculations of travel times and how many stroke patients each unit would see have also included people living in areas outside Kent and Medway where one of the proposed hyper acute stroke units may become their closest specialist stroke service, depending on where they live. This would include: Bexley residents – a hyper acute stroke unit at Darent Valley Hospital may become their nearest, depending on where they live and High Weald Lewes Havens residents – a hyper acute stroke unit at Tunbridge Wells Hospital may become their nearest, depending on where they live.
- 2.6 This is a brief overview of the reasons for change and the proposals, the full 48 Page consultation document is available at:
<https://kentandmedway.nhs.uk/stroke-consultation-documents/>
- 2.7 The consultation requires a specific survey to be completed a copy of which is attached as annex 1.

3.0 Options

- 3.1 Draft a response to the NHS consultation on improving urgent stroke services in Kent and Medway.

Contact Officer:	Penny Button, Head of Safer Neighbourhoods, 577425
Reporting to:	Gavin Waite, Director of Operational and Commercial Services

Annex List

Annex 1	Copy of consultation response document
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Background Papers

Title	Details of where to access copy
<i>Improving urgent stroke services in Kent and Medway</i>	https://kentandmedway.nhs.uk/stroke-consultation-documents/

Corporate Consultation

Finance	Ramesh Prashar, Head of Finance
Legal	

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Our questions to you

Now that you have read the proposals outlined in this document, we'd like to hear what you think about them. If you would prefer, you can complete the survey online at www.kentandmedway.nhs.uk/stroke.

To reply by post, tear out and complete the survey below then send it free of charge to **FREEPOST KENT AND MEDWAY NHS**. You can include additional pages if you need more room for comments. Please clearly mark the relevant question number against any comments on additional pages.

1. How strongly do you agree or disagree with the following five statements:

(please tick the box)

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
1: There are convincing reasons to establish hyper acute stroke units in Kent & Medway. <i>(See sections 3 & 4 of document)</i>						
2: There are convincing reasons to have 3 hyper acute stroke units in Kent and Medway. <i>(See page 24 of document)</i>						
3: Creating 3 hyper acute stroke units would improve the quality of urgent stroke care for patients in Kent and Medway. <i>(See section 6 of document)</i>						
4: Creating 3 hyper acute stroke units would improve access to diagnosis and specialist treatment in the 72 hours following a stroke for patients in Kent and Medway. <i>(See section 6 of document)</i>						
5: There are convincing reasons to locate acute stroke units and TIA ('mini stroke') clinics on the same sites as hyper acute stroke units. <i>(See pages 24/25 of document)</i>						

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Annex 1

Thinking about your response to the five statements for the previous question, do you have any comments to make on the potential advantages or disadvantages of the proposed changes to urgent stroke services in Kent and Medway?

No comments

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Annex 1

3. We have used 5 criteria to help us weigh up the pros and cons of potential locations for hyper acute stroke units. We will continue to consider the criteria in our decision-making and would like your views on which are most important.

Please rank the criteria in your order of importance, with 1 being the most important and 5 the least important.

Criteria	Order of importance
The option would improve access to urgent stroke services for patients	
The option would be straightforward to implement	
The option would represent good value for money	
The option would improve the quality of urgent stroke services for patients	
The option would help recruit and retain staff for urgent stroke services	

4. Are there any other criteria you think we should consider in our decision-making?

No comments

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Annex 1

5. Thinking about the criteria above, please rank the 5 shortlisted site options in order of preference, with 1 being your preferred option.

Option	Order of importance
A. Darent Valley, Medway Maritime, William Harvey	
B. Darent Valley, Maidstone, William Harvey	
C. Maidstone, Medway Maritime, William Harvey	
D. Tunbridge Wells, Medway Maritime, William Harvey	
E. Darent Valley, Tunbridge Wells, William Harvey	

Please tell us a bit more about why you have given this ranking.

No comments

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Annex 1

6. Should we consider any other ways for how we organise specialist urgent stroke services in Kent and Medway, and/or where those services are located?

No comments

7. When thinking about these proposals for stroke services in Kent and Medway, is there anything else you would like us to take into consideration, or any other comments that you would like to make?

No comments

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8. Please indicate how happy you are with the way you have been consulted with about these proposals.
(please tick the box)

Very happy	
Happy	
Neither happy nor unhappy	
Unhappy	
Very unhappy	
Don't know	

9. If you would like to comment on the way the consultation has been run, please add your comment here.

No comments

10. Where did you hear about this consultation?

Please tell us a few things about you.

11. What is your postcode (e.g. ME20 6WT)?

(We will only use this information to help us analyse our consultation responses – we will not contact you or pass this on to third parties)

12. Are you responding on behalf of an organisation?

Yes No

If yes, please state the name of the organisation:

If no, and you are responding as an individual, please complete the rest of the questionnaire to help our equalities monitoring.

13. Which of the following best describes you?

- A patient or member of the public
- Healthcare professional
- Social care professional
- Public health professional
- Board member/governor/non-executive director
- Another type of NHS or Council colleague (e.g. management, administration, clinical support)
- Third sector/voluntary/charity
- worker Other (please state)

Equalities monitoring

We recognise and actively promote the benefits of diversity and we are committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties. This information is optional to complete.

14. What is your gender?

- Male
- Female
- Transgender
- Prefer not to say

15. If female, are you currently pregnant or have you given birth within the last 12 months?

- Yes
- No
- Prefer not to say

16. What is your age?

- Under 16
- 16-24
- 25-34
- 35-59
- 60-74
- 75+
- Prefer not to say

17. What is your ethnic group?

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background, please describe:

Mixed/Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background, please describe:

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please describe:

Black African/ Caribbean/ Black British

- African
- Caribbean
- Any other Black/African/Caribbean background, please describe:

Other ethnic group

- Arab
- Any other ethnic group, please describe:

- Prefer not to say

18. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months?

(Please select all that apply)

- Vision (such as due to blindness or partial sight)
- Hearing (such as due to deafness or partial hearing)
- Mobility (such as difficulty walking short distances, climbing stairs)
- Dexterity (such as lifting and carrying objects, using a keyboard)
- Ability to concentrate, learn or understand (learning disability/difficulty)
- Memory
- Mental ill health
- Stamina or breathing difficulty or fatigue
- Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- No
- Prefer not to say
- Any other condition or illness, please describe

19. What is your sexual orientation?

- Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Prefer not to say
- Other (please state)

20. Are you:

- Single
- Living in a couple
- Married/civil partnership
- Married (but not living with husband/wife/civil partner)
- Separated (but still married or in a civil partnership)
- Divorced/dissolved civil partnership
- Widowed/surviving partner/civil partner
- Prefer not to say
- Other relationship (please state)

21. What is your religion and belief?

- No religion
- Buddhist
- Baha'i
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
- Other (please specify)

Prefer not to say

22. Caring responsibilities

Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?

- Yes No

Thank you for taking the time to review our proposals and respond to this survey.

Please post your completed survey to

FREEPOST KENT AND MEDWAY NHS
to arrive by the **13 April 2018.**

THANET DISTRICT COUNCIL DECLARATION OF INTEREST FORM

Do I have a Disclosable Pecuniary Interest and if so what action should I take?

Your Disclosable Pecuniary Interests (DPI) are those interests that are, or should be, listed on your Register of Interest Form.

If you are at a meeting and the subject relating to one of your DPIs is to be discussed, in so far as you are aware of the DPI, you **must** declare the existence **and** explain the nature of the DPI during the declarations of interest agenda item, at the commencement of the item under discussion, or when the interest has become apparent

Once you have declared that you have a DPI (unless you have been granted a dispensation by the Standards Committee or the Monitoring Officer, for which you will have applied to the Monitoring Officer prior to the meeting) you **must**:-

1. Not speak or vote on the matter;
2. Withdraw from the meeting room during the consideration of the matter;
3. Not seek to improperly influence the decision on the matter.

Do I have a significant interest and if so what action should I take?

A significant interest is an interest (other than a DPI or an interest in an Authority Function) which:

1. Affects the financial position of yourself and/or an associated person; or Relates to the determination of your application for any approval, consent, licence, permission or registration made by, or on your behalf of, you and/or an associated person;
2. And which, in either case, a member of the public with knowledge of the relevant facts would reasonably regard as being so significant that it is likely to prejudice your judgment of the public interest.

An associated person is defined as:

- A family member or any other person with whom you have a close association, including your spouse, civil partner, or somebody with whom you are living as a husband or wife, or as if you are civil partners; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors; or
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
- Any body of which you are in a position of general control or management and to which you are appointed or nominated by the Authority; or
- any body in respect of which you are in a position of general control or management and which:
 - exercises functions of a public nature; or
 - is directed to charitable purposes; or
 - has as its principal purpose or one of its principal purposes the influence of public opinion or policy (including any political party or trade union)

An Authority Function is defined as: -

- Housing - where you are a tenant of the Council provided that those functions do not relate particularly to your tenancy or lease; or
- Any allowance, payment or indemnity given to members of the Council;
- Any ceremonial honour given to members of the Council
- Setting the Council Tax or a precept under the Local Government Finance Act 1992

If you are at a meeting and you think that you have a significant interest then you **must** declare the existence **and** nature of the significant interest at the commencement of the

matter, or when the interest has become apparent, or the declarations of interest agenda item.

Once you have declared that you have a significant interest (unless you have been granted a dispensation by the Standards Committee or the Monitoring Officer, for which you will have applied to the Monitoring Officer prior to the meeting) you **must**:-

1. Not speak or vote (unless the public have speaking rights, or you are present to make representations, answer questions or to give evidence relating to the business being discussed in which case you can speak only)
2. Withdraw from the meeting during consideration of the matter or immediately after speaking.
3. Not seek to improperly influence the decision.

Gifts, Benefits and Hospitality

Councillors must declare at meetings any gift, benefit or hospitality with an estimated value (or cumulative value if a series of gifts etc.) of £25 or more. You **must**, at the commencement of the meeting or when the interest becomes apparent, disclose the existence and nature of the gift, benefit or hospitality, the identity of the donor and how the business under consideration relates to that person or body. However you can stay in the meeting unless it constitutes a significant interest, in which case it should be declared as outlined above.

What if I am unsure?

If you are in any doubt, Members are strongly advised to seek advice from the Monitoring Officer or the Committee Services Manager well in advance of the meeting.

DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS, SIGNIFICANT INTERESTS AND GIFTS, BENEFITS AND HOSPITALITY

MEETING.....

DATE..... AGENDA ITEM

DISCRETIONARY PECUNIARY INTEREST

SIGNIFICANT INTEREST

GIFTS, BENEFITS AND HOSPITALITY

THE NATURE OF THE INTEREST, GIFT, BENEFITS OR HOSPITALITY:

.....
.....
.....

NAME (PRINT):

SIGNATURE:

Please detach and hand this form to the Democratic Services Officer when you are asked to declare any interests.