

<b>Subject:</b>	<b>Sussex-wide Review of Stroke Services</b>		
<b>Date of Meeting:</b>	<b>19 October 2016</b>		
<b>Report of:</b>	<b>Executive Lead for Strategy, Governance &amp; Law</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Giles Rossington</b>	<b>Tel: 29-5514</b>
	<b>Email:</b>	<b>Giles.rossington@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE**

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 There is an ongoing Sussex-wide review of stroke services. The HOSC was presented with an update on this work at the February 2016 Overview & Scrutiny Committee (OSC) meeting.
- 1.2 This report provides a further update on the work of the review, focusing on plans to reconfigure stroke services across the Brighton & Sussex University Hospitals Trust (BSUH) 'footprint' – i.e. for residents of Mid Sussex and Brighton & Hove.

**2. RECOMMENDATIONS:**

- 2.1 That members note the evidence provided detailing the benefits and risks of the Central Sussex Stroke Programme Board's recommendation to centralise Hyper Acute Stroke services and Acute Stroke services at the Royal Sussex County Hospital (RSCH), Brighton (**Appendix 1**).
- 2.2 That members agree that the HOSC should continue to receive updates on the progress of the stroke review, but that no further formal consultation with the HOSC is required.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 The Sussex-wide review of stroke services aims to improve clinical outcomes for people in Sussex who suffer a stroke. Key to improving outcomes is ensuring that patients receive treatment in the most appropriate clinical environment. There is a growing body of evidence indicating that the best outcomes are achieved when patients are treated in specialist centres rather than having all District General Hospitals in an area provide the whole range of stroke services.
- 3.2 Currently, stroke services for residents of Brighton & Hove, High Weald Lewes Havens and Mid Sussex are provided at both the Royal Sussex County Hospital, Brighton (RSCH), and the Princess Royal Hospital, Hayward's Heath (PRH). The plan is to single-site the bulk of stroke services for the BSUH 'footprint' at the

RSCH. **Appendix 1** includes more information on these plans provided by NHS commissioners.

- 3.3 Where HOSCs identify local NHS reconfiguration plans as constituting a “substantial variation” of services, they may require NHS bodies to consult formally with them before implementing their plans. HOSCs are not obliged to insist on a process of formal consultation, even if they do consider plans to be substantial – for example where HOSC members feel that a planned change is clearly in the best interest of local residents.
- 3.4 The stroke review update (**Appendix 1**) sets out a compelling clinical argument for the single-siting of local stroke services at the RSCH. Since city residents already access stroke services at the RSCH, there would be no detrimental impact to local people in terms of additional travel for families etc. Given that the impact of these changes on Brighton & Hove is therefore likely to be positive rather than negative, it is advised that the HOSC does not require formal consultation on this matter. However, members will be well aware of serious issues with capacity at the RSCH, and before agreeing not to require formal consultation, the HOSC may wish to be assured that BSUH is able to manage this additional workload. Should HOSC members not feel assured that this is the case, then they may wish to enter into more formal consultation on the stroke review plans.
- 3.5 This issue also affects residents in West Sussex, and to a lesser extent East Sussex, and is therefore being considered by West Sussex HASC and by East Sussex HOSC. Should two or more HOSCs require more formal consultation then this may well be via a formal Joint HOSC (JHOSC).

#### **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 Members have the option to require additional consultation with the HOSC on plans to reconfigure stroke services. As the clinical case for single-siting is compelling, and as RSCH is a more obvious candidate as a site for specialist services than PRH, it is unclear what value would be added for Brighton & Hove residents by further scrutiny – always assuming that BSUH can take on the extra work-load without an adverse impact on its other services. In consequence, the recommendation is for the HOSC not to require more formal consultation.
- 4.2 However, if members are not assured that the single-siting of stroke services can be achieved without a negative impact on other RSCH services, or are not persuaded by other aspects of the reconfiguration plans, they have the option to require further consultation. This may well need to involve joint working with West Sussex HASC and/or East Sussex HOSC.

#### **5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 None in relation to this report.

#### **6. CONCLUSION**

- 6.1 There is a compelling case for the single-siting of BSUH 'footprint' stroke services, and for the single-site to be at the RSCH, provided that the additional capacity can be found at RSCH without detriment to other local services.

## **7. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

- 7.1 None identified.

### Legal Implications:

- 7.2 There are no legal implications arising from this report.

*Lawyer Consulted: Elizabeth Culbert; Date: 27/09/16*

### Equalities Implications:

- 7.3 None directly. The proposed reconfiguration would not adversely impact city residents, including protected groups, who would continue to access services at RSCH.

### Sustainability Implications:

- 7.4 City residents would continue to access services at RSCH, although there would be more journeys into and from the city as patients formerly treated at PRH would now be diverted to RSCH.

### Any Other Significant Implications:

- 7.5 None identified.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Information on the Sussex stroke review provided by NHS commissioners.

### **Documents in Members' Rooms**

None

### **Background Documents**

None

## Appendix 1

*Any of the implications listed below can be included in the body of the report under the heading **Any Other Significant Implications** and especially where they have a significance that should be drawn to Members' attention. Otherwise list them here in appendix 1 or state that there are 'None' under the heading in the report and delete this appendix and upload any relevant appendices to the report.*

### Crime & Disorder Implications:

*[Consider the effect of the proposals on the council's duty to prevent crime and disorder].*

1.1

### Risk and Opportunity Management Implications:

*[Set out how risks and opportunities have been assessed and details of any risk management actions planned]. Contact: [jackie.algar@brighton-hove.gov.uk](mailto:jackie.algar@brighton-hove.gov.uk)*

1.2

### Public Health Implications:

*[This section should reflect the council's commitment to improve Public Health and Wellbeing and to Reduce Inequalities across the city - [health, equalities & wellbeing tool kit](#) is available to help report writers complete this section].*

*There are naturally some overlaps with the Equalities and Sustainability sections. Consider the effect of the proposals on the council's duty to promote the public health and wellbeing of people in its area.*

1.3

### Corporate / Citywide Implications:

*[Set out how the proposals support the council's priorities and their effect on other services, other agencies and the city as a whole].*

1.4

