

Appendix 1

Update report to the Brighton & Hove Health Overview and Scrutiny
Committee
on the planned changes to the

Sussex Rehabilitation Centre at Shoreham (SRCS)

(October 2008)

1. Executive summary

1.1 This report is the third in a series of papers received by the HOSC in relation to the above service.

To recap:

- South Downs Health (SDH) has provided the 52 bedded in patient rehabilitation service at Southlands Hospital, Shoreham since 1998.
- In 2007, Worthing & Southlands Trust (WaSH) outlined their plans to relocate services to Worthing from the Southlands site. Interim options for the relocation of SRCS were therefore required.
- Following detailed consideration of the options available, the SRCS Programme Board recommended:
 - SDH to transfer services for Brighton & Hove and East Sussex residents to the Princess Royal Hospital at Haywards Heath. In addition, West Sussex PCT would commission 4 of those beds for people with non-stroke related Acquired Brain Injury (ABI)
 - WaSH to take over the provision of an 18 bedded stroke rehabilitation service at the Southlands site.
- Detailed project plans and risk management strategies are in place – overseen by the Programme Board – with the objective of moving to the new service provision early 2009.

1.2 This report now confirms that all parties are planning to move the Brighton and Hove service from Shoreham to the Princess Royal Hospital in January 2009.

2. Background and context

2.1 In 2007, Worthing & Southlands Hospitals NHS Trust firmed up plans to transfer all their in-patient services from Southlands Hospital to Worthing Hospital as part of their 'Improving Hospitals Programme'. At that time, there were no plans by WASH to incorporate all or part of SRCS within Worthing Hospital. With changes expected in support services, as well as medical cover during the transfer of inpatient services to Worthing Hospital, it was not considered viable at that time for the South Downs Health provided service to remain on the Southlands Hospital site. South Downs Health, with partner organisations within a 'Commissioning Programme Board'; including WASH, Brighton & Sussex University Hospitals NHS Trust, Brighton & Hove, and West Sussex Primary Care Trusts undertook to find an alternative, interim site for SRCS.

2.2 During late 2007, the PRH site was offered by BSUH as an interim solution for the relocation of the SRCS. Three options were subsequently

identified, which were considered by the Commissioning Programme Board in more detail:

1. move the whole service to PRH
2. move part of the service to PRH, with the remainder staying within WASH
3. Maintain the whole service at Southlands Hospital

2.3 The second option (above) received the greatest support from the clinicians and NHS Trusts. As a result, West Sussex PCT asked WaSH to take on the provision of an 18 bedded stroke rehabilitation service at Southlands. The PCT asked that SDH make provision for 4 patients from the south east sector of the PCT area, with non-stroke related ABI, at the Princess Royal Hospital. In addition, they asked that SDH inherit responsibility for 6 stroke rehabilitation beds currently provided by BSUH at the Princess Royal.

2.4 In summary, the following table highlights the current and future bed provision:

Figure 1:

PCT	August 2008	January 2009	Change +/-
B&H	26/27 beds at Southlands	26/7 beds at PRH	Same
East Sussex	2/3 beds at Southlands	6/7 beds at PRH	+4
West Sussex (SE sector)	24 beds at Southlands, plus 4 beds at PRH	18 beds at Southlands 4 beds at PRH (SDH)	-2
West Sussex (Haywards sector)	A proportion of the 19 stroke beds at PRH (Lindfield Ward)	6 beds at PRH	Same

3. Views from the providers:

3.1 South Downs Health:

3.1.1 The team at South Downs are very keen on the move to PRH. They see the hospital as *“a fully functioning district hospital that provides 24 hour medical cover, and a full range of diagnostic services.”* They go on to say: *“The service will benefit further by strengthening clinical links with Hurstwood Park Neurological Centre which is based on the PRH site, as well as being on the same site as the acute stroke unit, making it easier to transfer these patients to the neuro-rehab service.”*

3.1.2 It is anticipated that most patients will be transferred to the neuro-rehab service from within the central Sussex and Brighton & Hove areas. For the central Sussex area, relocating to PRH will provide an opportunity to enhance the existing stroke rehabilitation service to residents. For Brighton & Hove, it is

acknowledged that patients and carers will need to travel further, although it is considered that the benefits in moving described above outweigh the need to travel further. It is also acknowledged that many Brighton & Hove residents already travel to PRH for elective surgery and rehabilitation, as the Royal Sussex County Hospital focuses on emergency and trauma care.

3.1.3 The neuro-rehab service is due to be located on the ground floor of PRH, within New timber and Lindfield wards, with access to a level garden area. Lindfield ward is the current acute stroke unit at PRH. When the neuro-rehab service moves there, provision for acute strokes will be made elsewhere at PRH.

3.1.4 Work on converting the wards, in order to enhance the neuro-rehab environment is due to start early summer, with completion in time for the move by January 2009.

3.1.5 The move to PRH is currently seen as an interim measure, with the longer term plan being informed by a Sussex-wide commissioning framework. This framework envisages the delivery of key services as close to the individual's home as possible. In turn, Brighton & Hove PCT will wish to link their plans for Neuro-rehabilitation services to the relocation of the specialist neurological service (Hurstwood Park) from Haywards Heath to Brighton (currently planned for 2011/12).

3.2 Worthing & Southlands Hospital

3.2.1 The 18 bedded stroke rehabilitation unit will occupy some of the space on the fourth floor of the Harness Block, space currently used by the present Sussex Rehabilitation Centre. The Unit will work alongside the Sussex Rehabilitation Centre to ensure a smooth transfer of care of patients from one provider to another during the period of moves. The Worthing and Southlands Hospitals NHS Trust is keeping under review the provision of services delivered from the Southlands Hospital site and it is possible that from 2010, at the earliest, the 18 bed service will transfer to the Worthing Hospital site.

3.2.2 In response to the proposed change to service provision, WaSH has stated: *"The service will offer the Trust's specialist stroke clinicians greater control over the in-patient stroke pathway and enable the better use of resources, beds and staff to deliver high quality and efficient care. Patients and their families will experience a seamless service from the acute care phase to specialist stroke rehabilitation, all managed within the same expert clinical team of elderly care consultants and practitioners. The full support of the acute hospital services will be available and accessible to all patients."*

4. Project planning processes:

4.1 Both SDH and WaSH have developed detailed project plans to support the smooth transition to the new service provision. The plans are overseen by the respective executive teams and by the SRCS programme Board.

4.2 A one month staff consultation process concluded in mid-July. The current understanding is that all existing staff will be offered continued employment. South Downs Health and WASH will undertake to ensure that there is close liaison between these employing organisations to ensure, where appropriate, that staff are transferred to South Downs Health or WASH employment under the 'Transfer of Undertakings for the Protection of Employment (TUPE)'.

4.3 For staff needing to travel to PRH, SDH are exploring the various options, including car parking charges, car sharing, a mini-bus from the Shoreham area, in addition to the range of public transport available.

4.4 To take account of the different referral pathways that may apply, the providers have held meetings with key clinicians/referrers during July and August in order to clarify the current and future arrangements. A summary of each area's revised referral procedures will be circulated to all relevant parties prior to the move.

5. Next stages.

5.1 The previous reports to the HOSC referred to the development of a broader strategic framework to guide the future commissioning and provision of adult neuro-rehabilitation services across Sussex. Within Brighton & Hove, this has been aided by a structured set of interviews with a number of people who have used the services during the previous 12-18 months. The framework is nearing completion and will then be progressed by each of the commissioning PCTs. In essence, the implementation of the framework will be based upon the following principles:

- The majority of services to be provided as close to the patient's home as possible. In turn, reducing average length of stay for in-patients and maximising community support)
- Integrated care pathways for stroke and ABI, including Specialist/tertiary units, DGHs, Rehabilitation (IP and domiciliary), Social care, Housing and Employment
- Ensuring that in-patient services are supported by effective community rehabilitation
- Guided by a clinical network
- Promoting the "co-production" of care between professionals, patients/users and carers
- Focusing on the expected service outcomes, (encouraging the providers and the wider clinical network to produce innovative services and effective performance measures which address the above factors)
- Differentiate between specialist community rehabilitation teams and generic rehabilitation teams
- Bringing to the fore the voice of the patient in helping to improve services

5.2 The support of the HOSC in achieving the above improvements has been appreciated and valued. All parties are committed to monitoring the progress of the newly located services. In particular, rather than simply measuring "activity" e.g. the numbers of people into and out of beds, they wish to build on the findings of the recent review of users in Brighton and Hove and develop more "Patient related outcome measures". We would be

happy to discuss further progress with the HOSC in April 2009, if that would be helpful.

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