Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date of meeting:	**29 March 2018**
By:	**Assistant Chief Executive**
Title:	**Kent and Medway Review of Stroke Services**
Purpose:	**To update HOSC on the Review of Stroke Services in Kent and Medway and establishment of a joint HOSC.**

RECOMMENDATIONS

1) To confirm that the proposed reconfiguration of stroke services in Kent and Medway constitutes a 'substantial development or variation' to services for East Sussex residents requiring formal consultation with HOSC;

2) To note that a Joint HOSC has been established to respond to the NHS consultation; and

3) To agree that the nominated HOSC Members undertake local evidence gathering as required to inform the East Sussex contribution to the JHOSC process.

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1 Background

1.1 Acute stroke services in Kent and Medway are currently provided from seven hospital sites including Tunbridge Wells Hospital (Pembury) and William Harvey Hospital (Ashford), the two sites which are also accessed by East Sussex residents.

1.2 NHS Clinical Commissioning Groups (CCGs) in Kent and Medway, through the area's Sustainability and Transformation Partnership (STP), have reviewed these services and begun a public consultation on proposals to centralise stroke services at three Hyper Acute Stroke Units (HASUs). The proposals for reconfiguration were presented to HOSC in November 2017, but the specific options for the location of HASUs were not available at that time.

1.3 The four HOSCs covering the affected areas have indicated that the proposals constitute a substantial variation to services and have established a Joint HOSC to formally respond to the NHS on the proposals.

2. Supporting information

2.1. The NHS proposal is to move away from the seven acute hospitals in Kent and Medway all providing acute stroke services to three hospitals providing hyper acute stroke units (HASUs), co-located with acute stroke units. This would mean that the other four hospitals would no longer provide acute stoke care.

2.2. The CCGs believe this proposed service model will improve quality of care and significantly improve patient outcomes based on evidence from HASUs established elsewhere in the country.

2.3. Five options have now been identified for the locations of the three HASUs as follows:

- **Option A** - Darent Valley Hospital, Medway Maritime Hospital, and William Harvey Hospital.
- **Option B** - Darent Valley Hospital, Maidstone Hospital, and William Harvey Hospital.
- **Option C** - Maidstone Hospital, Medway Maritime Hospital, and William Harvey Hospital.
- **Option D** - Tunbridge Wells Hospital, Medway Maritime Hospital, and William Harvey Hospital.
- **Option E** - Darent Valley Hospital, Tunbridge Wells Hospital and William Harvey Hospital.

The CCGs have not indicated a preferred option and will not do so until all data – including the results of the public consultation – is collated and analysed.

2.4. The CCGs began their public consultation on Friday 2 February 2018. It runs for 10 weeks until 13 April 2018 and includes a number of public listening events at locations in Kent, Medway, East Sussex and the London Borough of Bexley. Further information can be found on the consultation website.

Impact on East Sussex

2.5. Significant parts of East Sussex fall into the catchment area for stroke services provided at hospitals in Kent, particularly a large part of High Weald Lewes Havens (HWLH) CCG area, but also part of Hastings and Rother CCG area.

2.6. The total East Sussex population falling into the catchment areas for Tunbridge Wells and William Harvey Hospitals is approximately 90,000. The total number of stroke patients from East Sussex who received acute stroke care at hospitals in Kent in 2016/17 was 90.

2.7. The shortlisted options for the reconfiguration of services all include the retention of William Harvey Hospital, and Options D and E include Tunbridge Wells Hospital as one of the three HASUs. Of the 90 East Sussex stroke patients treated in Kent in 2016/17 14 received care at the William Harvey Hospital. The vast majority (71) received care at Tunbridge Wells Hospital and were from the HWLH area (the remaining 5 patients were treated at other Kent and Medway hospitals).

2.8. Due to the significant patient flow from its area, HWLH CCG has formally joined the joint CCG committee which will ultimately make decisions on the final configuration of services.

Establishment of a Joint HOSC

2.9. Under health scrutiny legislation, NHS organisations are required to consult HOSCs about a proposed service change which would constitute a 'substantial development or variation' to services for the residents of the HOSC area. When a proposed service change is considered 'substantial' by more than one HOSC, there is a legal requirement that the affected committees form a joint HOSC to respond to the NHS consultation. Individual HOSCs may retain the power to refer the change to the Secretary of State for Health if it is ultimately not considered to be in the best interests of health services for the residents of the HOSC's area.

2.10. At the 30 November 2017 HOSC meeting, the Committee agreed that – given the substantial portion of East Sussex which falls into the catchment area of affected services, and the potential impact on travel for patients and families – it seemed likely that any set of options could constitute a substantial change to the services currently used by the county's residents. The Committee also agreed to authorise the Chair to make arrangements with other HOSCs to establish a Joint HOSC.

2.11. The HOSCs of Kent County Council, Medway Council and the London Borough of Bexley have all resolved that the proposals constitute substantial change for their residents, requiring that a Joint HOSC be established. The four HOSCs have collectively agreed a Terms of Reference for the JHOSC - attached at appendix 1. It should be noted that the power to refer to the Secretary of State has not been delegated to the JHOSC and remains with the four individual authorities.

2.12. The CCGs presented the options and draft consultation plan to the existing Kent and Medway JHOSC on 21 January prior to beginning the public consultation on 2 February, with the Chairs of East Sussex and Bexley HOSCs attending and invited to speak. This arrangement was agreed by the Chairs in order to allow consultation to proceed whilst arrangements for the establishment of the new JHOSC, to include East Sussex and Bexley Members, were made. Cllrs Belsey and Howell have been nominated as the East Sussex HOSC representatives, with Cllr Davies as the substitute Member.

2.13. Discussions are ongoing between the Chairs and officers of the four HOSCs to agree a process for the newly formed JHOSC to respond to the NHS. The JHOSC is expected to meet to consider the outcomes of the public consultation in June and the committee may wish to consider further evidence in relation to the proposed options at or before this time. The JHOSC is then

likely to undertake further review of evidence once the CCGs have identified a preferred option in order to provide a report to the NHS before a final decision is made. Should the agreed JHOSC process provide limited scope to consider the impact of options on East Sussex residents, it is recommended that the nominated HOSC Members gather such evidence locally in an appropriate way to inform the East Sussex contribution to the JHOSC's response.

3. Conclusion and reasons for recommendations

3.1 Now that the shortlist of five options for the location of HASUs in Kent and Medway has been published, HOSC is recommended to confirm that the proposed changes to stroke services in Kent and Medway constitute a 'substantial development or variation' to services for East Sussex residents requiring formal consultation with the committee.

3.2 HOSC is also recommended to note the establishment of a JHOSC to respond to the NHS, including the terms of reference and East Sussex membership.

3.3 Finally HOSC is recommended to agree that the nominated HOSC Members undertake local evidence gathering as required to inform the East Sussex contribution to the JHOSC process.

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