

HEALTH AND WELLBEING BOARD

27 September 2016

Title:	Improving Post – Acute Stroke Care (Stroke Rehabilitation)		
Report of the Barking and Dagenham CCG			
Open Report		For Decision	
Wards Affected: All wards		Key Decision: No	
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Summary: Barking and Dagenham, Havering and Redbridge CCGs consulted on proposals to reconfigure the stroke rehabilitation pathway between January and April 2016. A number of public engagement/drop in sessions were held and presentations were made to the Health and Wellbeing Board and Health and Adult Social Care Scrutiny Committee (HASSC). Three hundred and thirty responses to the consultation were received and there was clear support for the preferred new service model which was to commission a combined Early Supported Discharge (ESD) and Community Rehabilitation Service (CRS) service covering all Barking and Dagenham, Havering and Redbridge from one provider, with one inpatient unit based at King George Hospital. Whilst the overall response was positive there were some concerns raised regarding the proposed reduction of stroke beds, though the question stated 'if it can be shown they are not used and not needed'. Concern was also expressed about travel and transport issues whatever the location of a stroke inpatient unit. The Governing Body agreed a business case to commission the new model in July 2016. A project board meeting is planned in mid-September to develop an implementation plan and timelines for delivery.			
Recommendation(s) The Health and Wellbeing Board is asked to note the outcome of the public consultation and decision made by the CCG Governing Body to approve the business case for the stroke rehabilitation service.			
Reason(s) The CCG want to make stroke rehabilitation services more joined up with each other and focused on what individual people need, regardless of where they live.			

1. Introduction and Background

- 1.1 Improving the stroke rehabilitation pathway is one of the agreed CCG commissioning priorities that are being taken forward in the commissioning plan this year in collaboration with Redbridge and Havering CCGs.
- 1.2 In June 2015, a Case for Service Change was accepted by the Governing Body of each CCG. The CCGs subsequently undertook a review of local stroke rehabilitation services, benchmarked against best practice in NICE clinical guidelines. The CCGs, in partnership with key stakeholders, developed a list of options in response to the challenges raised in the Case for Service Change which were scored through a stakeholder workshop and tested for affordability.
- 1.4 A pre-consultation business case which set out the preferred model for care was approved by the Governing Bodies in November 2015. Barking and Dagenham, Havering and Redbridge (BHR) Clinical Commissioning Groups (CCGs) launched a 12-week consultation on proposed changes to local stroke rehabilitation services on 8th January 2016.
- 1.5 The consultation response provided clear support for the CCG preferred option which was to commission a combined Early Supported Discharge (ESD) and Community Rehabilitation Service (CRS) service covering all Barking and Dagenham, Havering and Redbridge from one provider, with one inpatient unit based at King George Hospital.
- 1.6 A business case to redesign stroke rehabilitation services, outcome of the consultation process and equality impact assessment were considered by the CCG Governing Bodies in July and the business case was agreed subject to the development of a robust implementation plan.
- 1.7 The purpose of this paper is to provide the Board with further information on the outcome of the consultation process and proposed next steps.

2.0 Consultation report

- 2.1 A public consultation took place from 8 January to 1 April 2016. Four thousand eight hundred printed consultation documents were distributed throughout Barking and Dagenham, Havering and Redbridge, including to GP practices, local libraries, hospitals and community groups and voluntary services. There was also significant engagement with stroke survivors and their carers. The consultation document, an easy read version, questionnaire and pre-consultation business case were published on each CCG's website. The consultation was also extensively promoted through the CCGs' Twitter accounts.
- 2.2 Four public engagement/drop-in sessions were held at libraries, supermarkets and at Queen's Hospital. GP stroke leads and CCG officers attended 27 meetings with groups of up to 100 people to discuss the consultation proposals and answer questions. Public engagement sessions were also held at the two affected sites – Grays Court in Dagenham and Beech ward at King George Hospital.
- 2.3 Three hundred and thirty responses to the consultation were received: 320 questionnaires and 10 letters/emails. Fifty seven percent of those who responded to

the questionnaire (and shared where they lived) were from Redbridge, 20% were from Havering and 9% from Barking and Dagenham. The remaining 14 per cent were from outside the BHR area or did not share what borough they lived in.

- 2.4 Responses were received from providers of stroke services locally: from NELFT NHS Foundation Trust, Barking, Havering and Redbridge University Hospitals NHS Trust, and Barts Health NHS Trust. A number of people who worked in stroke services provided individual responses responded. Barking and Dagenham and Redbridge's health scrutiny committee responded. Havering and Redbridge's Healthwatch both provided responses.
- 2.5 In addition to the distribution of consultation materials through the channels described above, the consultation was promoted to Barking and Dagenham residents through a number of local events:
- Presentation to Barking and Dagenham Health and Wellbeing Board (26 January)
 - A drop-in session at Queen's Hospital (22 February)
 - Barking and Dagenham Patient Engagement Forum (26 February)
 - Stroke Association event at Beech ward, King George Hospital (26 February)
 - CCG and Local Authority "Staying Healthy" event at Barking Learning Centre (16 February)
 - Drop in session at ASDA, Merriellands Crescent Dagenham (29 March 2016)
- 2.6 The Barking and Dagenham Health and Adult Social Care Scrutiny meeting held an extra-ordinary meeting on 13 January to discuss the consultation and provided a written response. The Committee supported the case for change and made some representations in respect of the proposed new model that the CCG were asked to take into account.
- 2.7 The response to the consultation showed strong support for the preferred option of home-based services where possible and one stroke rehabilitation unit on the King George Hospital site. Whilst there was strong support for establishing new home based services there was opposition to the proposed reduction of stroke beds, though the question stated 'if it can be shown they are not used and not needed'. Concern was expressed about travel and transport issues whatever the location of a stroke inpatient unit. The headlines responses are set out below:

Headlines from the consultation

	Support %	Opposition %
Inpatient stroke rehabilitation should be provided at one specialist unit	88%	12%
All stroke patients should have access to the same stroke rehabilitation services, regardless of where they live	96%	4%
The local NHS should provide more stroke rehabilitation services in patients' homes, provided it is safe for them to be there	91%	9%
The local NHS should reduce the number of stroke beds if it can be shown they are not used and not needed.	51%	49%

[A full copy of the report is attached.](#)

3.0 Proposed service changes and next steps

3.1 The proposed new model for the service is for a specialist stroke rehabilitation service to be provided from the King George Hospital site for residents of Barking and Dagenham, Havering and Redbridge, with one provider responsible for delivering services across the stroke rehabilitation pathway – a combined early supported discharge and community rehabilitation service and stroke rehabilitation beds.

3.2 This will have the following benefits:

- A more seamless pathway across acute and community services and a reduction in the number of transfers between providers
- Equity of access to specialist rehabilitation support with more people cared for at home. Evidence shows that people who receive care at home are able to live more independently than those who have had all of their rehabilitation in hospital.
- A reduction in length of stay in acute hospitals which means better outcomes for patients as well as reduced costs to the hospital which enables them to focus more on the acutely ill patients
- A more efficient use of workforce through the development of a multi-speciality team that meets best practice requirements and can flex to manage service demands
- The opportunity to redesign stroke rehabilitation services to meet the needs of growing demand.

3.3 The development of an implementation plan has been delayed as resources have been focused on the development of the Referral to Treatment (RTT) improvement plan, which has taken priority over other projects. Some more detailed work is being undertaken to model activity against the new service model which will underpin the development of a specification. A project board meeting is planned in mid-September to consider procurement options and timelines for implementation.

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

Cardiovascular disease is the biggest preventable cause of death in the UK, with particularly high levels of mortality in Barking and Dagenham and in particular the under 75's.

The JSNA recommends that commissioners should ensure that services and cardiac and stroke rehabilitation are in line with best practice and achieving optimal outcomes.

<http://www.barkinganddagenhamjsna.org.uk/Pages/jsnashome.aspx>

4.2 Health and Wellbeing Strategy

The consultation proposes service improvement that will support delivery of the Health and Wellbeing Strategy outcomes:

- To increase the life expectancy of people living in Barking and Dagenham.

- To close the gap between the life expectancy in Barking and Dagenham with the London average.
- To improve health and social care outcomes through integrated services

It supports the priority theme of “Improvement and Integration of Services” by benchmarking services against best practice, identifying where care has failed and exploring new and different ways of providing health and social care that is more accessible and person centred.

<http://www.lbbd.gov.uk/AboutBarkingandDagenham/PlansandStrategies/Documents/HealthandWellbeingStrategy.pdf>

4.3 **Integration**

The BHR Stroke Pathway Transformation project supports the delivery of the vision for the BHR health economy to improve health outcomes for local people through best value care in partnership with the community. The ambition is that in five years time all people will have a greater chance of living independently longer; they will spend less time in hospital but when they do they will have a better experience than now. Services will be better integrated both within and across organisational boundaries, with more streamlined access and more of them being offered 24/7, delivering high quality health and social care to patients closer to home.

http://moderngov.lbbd.gov.uk/documents/s81377/18b%20-%20Strategy%20Template_Master_final.pdf

4.4 **Financial Implications**

There will be a full financial assessment undertaken once there are proposals to consider in the next stage of the project.

4.5 **Legal Implications**

There are no legal considerations at this stage of the project.

4.6 **Risk Management**

4.7 **Patient/Service User Impact**

The business case identifies the following benefits associated with the proposals that will have a positive impact on for patients and service users

- A more streamlined pathway with a reduction in the number of transfers between providers.
- Access to the best care is improved. All people that are eligible for ESD will receive the rehabilitation and support they need in their homes
- More people will receive their care at home. Evidence shows that people who receive care at home are able to live more independently than those who have had all of their rehabilitation in hospital.
- The length of stay in hospital is reduced which means better outcomes for patients
- A better quality of service provision for patients with equity of access across all three boroughs.

- Patients will receive the same quality of care regardless of where they live or which hospital they have been in. Each team will have the right number of staff with the right specialist skills to deliver rehabilitation at home. This includes equal access to speech and language therapy and psychology.
- There are benefits for carers too, as there will be less travelling required and the carer will liaise with a single team throughout each phase of the rehabilitation; so less duplication.
- Service provision can be based on patient need rather than prescribed only by time

The only negative impact highlighted in the workshop held to assess the options related to travel times to the inpatient unit at King George Hospital if beds transfer from Grays Court. The impact would be on families and other visitors travelling from Barking and Dagenham and the south of Havering.

5. Non-mandatory Implications

5.1 Crime and Disorder N/A

5.2 Safeguarding There are no identified safeguarding issues related to the case for change.

Public Background Papers Used in the Preparation of the Report:

None

List of Appendices:

Appendix A - Report of the consultation on proposed changes to stroke rehabilitation for Barking and Dagenham, Havering and Redbridge