

HEALTH AND WELLBEING BOARD

8 September 2015

Title:	Improving Post–Acute Stroke Care (Stroke Rehabilitation) – the Case for Change		
Report of the Barking and Dagenham CCG			
Open Report		For Decision	
Wards Affected: All wards		Key Decision: No	
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Summary: <p>Stroke is the largest cause of complex disability and 30% of people who have had a stroke will require access to effective community stroke rehabilitation services. Improving the pathway for post-acute stroke care is one of the CCG commissioning priorities for 2015/16 and Barking and Dagenham CCG, Havering CCG and Redbridge CCG have established a BHR Stroke Pathway Transformation project to ensure that people who have had a stroke achieve the best possible outcomes. An emerging case for change has been developed following an analysis of data from acute and community providers, a service mapping exercise and stakeholder engagement.</p> <p>The case for change has three main headlines:</p> <ol style="list-style-type: none">1. There is variation in the provision of stroke rehabilitation care across the three BHR CCGs, which means that access to these services is not equitable.2. The quality of stroke rehabilitation is not consistency meeting national quality standards, which means that people are not always given the best opportunity to achieve the best possible outcomes3. The current level of capacity and the current level of demand for stroke rehabilitation are not aligned, which means people may wait too long for discharge home with stroke rehabilitation and delay integration back into their employment and their communities. <p>The CCG is engaging with stakeholder on the case of change; this will be used to inform the development of an outline business case for service improvement that will be considered at the November Governing Body meeting.</p>			

Recommendation(s)

The Health and Wellbeing Board is recommended to:

- (i) Comment on the case for change;
- (ii) Agree that care and outcomes need to improve;
- (iii) Continue to engage with B&D CCG on improving stroke rehabilitation care.

Reason(s)

The CCG is engaging on the case for change in order to better understand the impact of the current service configuration on the quality of services being delivered in Barking and Dagenham and patient outcomes. The case for change will be used to inform the development of a business case for service improvement.

1. Introduction and Background

- 1.1 Barking and Dagenham CCG commissioning intentions for 2015/16 were presented to the Health and Wellbeing Board in December 2014. 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 Stroke is the sudden loss of brain function when the supply of blood to the brain is either interrupted or reduced. The impact of a stroke is both instant and unpredictable. The nature and the severity of the effects depend on the amount of damage caused and the part of the brain that has been affected. It is the largest cause of complex disability; 30% of people who have had a stroke will have persisting disability, and consequently require access to effective community stroke rehabilitation services (also referred to as post-acute stroke care).
- 1.3 In Barking and Dagenham, Havering and Redbridge (BHR), there are 8,944 people registered on the Stroke Register with the highest prevalence in Havering due to its older population. There are 1943 people registered on the Stroke Register in Barking and Dagenham. The demand for stroke rehabilitation services will increase by around 35% over the next twenty years.
- 1.4 People with disability after stroke should receive rehabilitation in a dedicated stroke inpatient unit and subsequently from a specialist stroke team. Specialist co-ordinated rehabilitation, started early after stroke and provided with sufficient intensity, reduces mortality and long-term disability. A number of national guidelines and commissioning guides have articulated that early rehabilitation is effective when provided in specialist stroke units, or as part of properly organised early supported discharge service with longer term support in the community. This comprises of three types of community stroke rehabilitation:
 - Early Supported Discharge (ESD): Rehabilitation at home at the same intensity of inpatient care.
 - Inpatient Rehabilitation (IR): Provided in specialist community stroke rehabilitation inpatient Units

- Community Rehabilitation Services (CRS): Needs - led rehabilitation within the home environment which should include six and 12 monthly reviews to ensure on-going needs are met.

1.5 The BHR Stroke Pathway Transformation project was established in 2014 following recognition that the current community stroke rehabilitation service provision followed a disjointed pathway that was too reliant on the use of inpatient rehabilitation services, and that as a result people who have had a stroke were not achieving the best possible outcomes. The purpose of the Stroke Pathway Transformation project is to:

- Identify the best model for stroke rehabilitation locally and make sure all local people have equal access to this model of care, so that no matter where they live, stroke survivors are able to achieve the best possible outcomes.
- Make sure that everyone working to support people after a stroke are clear about what support is available
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- To understand how existing resources for stroke rehabilitation are currently being used to ensure they are being used in the most efficient way in the future

1.6 The Delivery Improvement Transformational Change team (DITC) within the North East London Commissioning Support Unit (NEL CSU) was commissioned by the BHR CCGs to identify what needs to change in the way community stroke rehabilitation services are currently commissioned and delivered. The outputs of this work has identified that although all three types of community stroke rehabilitation exist within BHR, there is variation in provision and quality in comparison to best practice. The number of providers with differing commissioning and delivery arrangements both within and across CCGs mean that the stroke care pathways are complex and confusing to articulate.

The key highlights are:

- The two inpatient stroke rehabilitation providers have different access criteria and different target Lengths of Stay (LoS).
- People living in Barking and Dagenham have limited access to 6/12 and 12 monthly reviews to ensure robust stroke survivorship support and on-going measurement of patient outcomes.
- Patient outcomes across the entire stroke pathway are inconsistently recorded/reported across BHR.
- Activity and financial reporting is inadequate; individual BHR CCGs are currently unable to tell how much they are spending on stroke services or how many patients are treated.
- There is no ESD service available to people living within the west of Redbridge.
- Whilst NELFT is the single provider of community stroke rehabilitation (CRS) all three borough teams have different numbers and levels of specialist staff within them.

1.7 The CCG is engaging in a period of wider stakeholder engagement and data analysis to strengthen the case for change in post-acute stroke care.

2. Proposal and Issues

2.1 The emerging case for service change for improving post-acute stroke care (stroke rehabilitation services across Barking and Dagenham, Havering and Redbridge is attached as Appendix A. The case for change has three main headlines:

1. There is variation in the provision of stroke rehabilitation care across the three BHR CCGs, which means that access to these services is not equitable.
2. The quality of stroke rehabilitation is not consistency meeting national quality standards, which means that people are not always given the best opportunity to achieve the best possible outcomes
3. The current level of capacity and the current level of demand for stroke rehabilitation are not aligned, which means people may wait too long for discharge home with stroke rehabilitation and delay integration back into their employment and their communities.

2.2 The main issues to note for Barking and Dagenham are as follows:

- In 2013/14 there were 1943 people registered as having had a stroke on GP registers; it is expected that demand for stroke rehabilitation services will increase by 35% over the next twenty years
- Emergency admissions standardised for age are higher in Barking and Dagenham than expected
- The number of deaths per 100,000 population is higher in Barking and Dagenham than expected for the age profile of the population
- The intensity at which Early Supported Discharge rehabilitation is provided is not always at the quality standards expected due to existing capacity
- The acceptance criteria for the providers of stroke Inpatient Rehabilitation are very different.
- The service at Grays Court limits the stay to a maximum of 28 days inpatient rehabilitation.
- There is no service providing the required 6 or 12 monthly stroke reviews
- 2012/13 clinical audits undertaken between 2012 and 2013 demonstrated that approximately 30 - 50% of patients in Grays Court could have been treated in the community if specialist stroke rehabilitation teams were in place to meet needs.

2.3 The Health and Wellbeing Board is asked to comment on the case for change, agree that care and outcomes need to improve, and continue to engage with Barking and Dagenham CCG on improving stroke rehabilitation care.

2.4 Potential options for service improvement will be considered by the CCG Governing Body in September and will inform the development of an outline business case for approval at the November Governing Body meeting. Any proposals for service change would be taken through a formal consultation process pending the approval of an outline business case.

3. Consultation

3.1 Further work is being undertaken with NELFT to strengthen the data analysis to ensure that the current pathway is fully captured before the case for change is finalised.

3.2 Healthwatch undertook a survey of patient and carer experience of using local stroke services in 2015, which will be taken into consideration in the case for change. The emerging case was also discussed at the Barking and Dagenham Patient Engagement Forum on 18th June 2015.

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.

4.2 Health and Wellbeing Strategy

The case for change will inform future proposals for 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.

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.

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 case for change identifies that patient experience and outcomes could be improved through service redesign but does not propose any change at this stage.

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 - Improving Post-acute Stroke Care (Stroke rehabilitation) services across Barking & Dagenham Havering and Redbridge: The Case for Service Change