

HEALTH AND WELLBEING BOARD

26 January 2016

Title:	Improving Post – Acute Stroke Care (Stroke Rehabilitation) Consultation		
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.</p> <p>In November 2014 the Clinical Commissioning Groups (CCG) of Barking and Dagenham, Havering and Redbridge (BHR) identified a gap in the provision of stroke rehabilitation services and created the BHR Stroke Transformation Project Team. In June 2015, a Case for Service Change was accepted by the Governing Body of each CCG.</p> <p>An options scoring process was conducted through a stakeholder workshop and a subsequent affordability assessment in October 2015 identified a preferred model of care</p> <p>In November the CCG Governing Body agreed a pre consultation business case for Improving Post – Acute Stroke Care (Stroke Rehabilitation).</p> <p>This has formed the basis of the proposed changes to stroke rehabilitation consultation.</p>			
Recommendation(s) The Health and Wellbeing Board is recommended to respond to the stroke rehabilitation consultation.			
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 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 November 2014 the Clinical Commissioning Groups (CCG) of Barking and Dagenham, Havering and Redbridge (BHR) identified a gap in the provision of stroke rehabilitation services and created the BHR Stroke Transformation Project Team. In June 2015, a Case for Service Change was accepted by the Governing Body of each CCG.

The Case for Service Change found that:

In the year 2014-2015, 967 patients suffered a stroke in BHR. With advancements in treatment and improved stroke survival, the demand for stroke rehabilitation services is anticipated to grow by 35% in the next 20 years.

The current model of stroke rehabilitation services in BHR is disjointed and inequitable. The service provision between the three boroughs has become a 'postcode lottery' for stroke survivors.

With the anticipated growth in demand, the current clinical model is unable to efficiently support patients to achieve best clinical outcomes in the post-acute stroke care phase. To continue to 'do nothing' will result in inadequate provision of stroke rehabilitation services for future stroke patients.

2. Proposal and Issues

- 2.1 Cumulative evidence has proven that rehabilitation at home provided by an Early Supported Discharge (ESD) service delivered by coordinated, multidisciplinary teams can significantly reduce the length of in-hospital stay and improve long-term functional outcomes for patients with mild to moderate stroke. NICE clinical guidance recommends that 40% of all stroke rehabilitation should be delivered through ESD. This would result in an increase from the current delivery of 20% ESD across BHR.
- 2.2 While the primary aim of the project was to review the provision of stroke rehabilitation services in the community, the project team identified that these could not be reviewed in isolation of inpatient rehabilitation services. The project team took this opportunity to review the model and location of all stroke rehabilitation services. BHR CCGs in partnership with key stakeholders developed

a list of options in response to the challenges raised in the Case for Service Change.

2.3 An options scoring process was conducted through a stakeholder workshop and a subsequent affordability assessment in October 2015 identified a preferred model of care that includes the following features:

- Shift towards more rehabilitation provided at home
- Streamline the ESD service with one provider
- Extend ESD provision to the whole of Redbridge
- Enhancing community service to provide high quality specialist stroke multi- disciplinary teams
- All patients will receive up to 6 weeks of ESD based on need
- Common service provider with common standards covering all of BHR
- Combine the provision of Early Supported Discharge and Community Rehabilitation Services across BHR.
- Inpatient stroke rehabilitation services to be located at King George Hospital with access through a single set of criteria

The key Benefits of a combined ESD and CRS service covering all of Barking and Dagenham, Havering and Redbridge are

- All patients will receive the same quality of care regardless of where they live or which hospital they have been in;
- All people in BHR that are eligible for ESD will receive the rehabilitation and support they need in their homes;
- Reduced length of stay in hospital;
- Each team will have the right number of staff with the right specialist skills to (include. equal access to speech and language therapy and psychology);
- Carers benefit from less travelling between sites and have a single point of contact throughout the whole pathway;
- The pathway for stroke services is strengthened, as it becomes less complicated and there is a single set of criteria against which to assess patients across BHR.
- Opportunity to redesign stroke rehabilitation services to meet the needs of growing demand
- Meets national best practice standards

The key benefits associated with a single stroke inpatient rehabilitation services located at King George Hospital in Ilford are

- All inpatient services are consolidated onto one site so it is easier to ensure quality care is being delivered;
- All patients will access inpatients through a single set of access criteria, and quality of inpatient care provided will be standardised;
- Patients have immediate access to 24 medical support which stops the need to transfer patients to out of hours emergencies services;
- Investigations able to take place on one site e.g. dopplers, CT, MRI etc. improving care for patients and providing quicker results;
- Better provision of transport access to hospital site for family and carers to visit patients
- Relatively accessible for populations from all three Boroughs

- There will be improved relationships and communication between acute and community services. It will be easier for the ESD team to liaise with the hospital and assess patients' needs through in-reach

3. Consultation

- 3.1 Barking and Dagenham, Havering and Redbridge (BHR) Clinical Commissioning Groups (CCGs) have launched a consultation on proposed changes to local stroke rehabilitation services. The 12-week consultation runs until 5pm on Friday, 1 April 2016
- 3.2 The consultation approach includes meeting with community and voluntary groups to discuss the proposals. There is a dedicated webpage for people to give feedback on the consultation and an easy read version has been produced.

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

Appendix B- Improving Stroke Rehabilitation Services across Barking & Dagenham, Havering and Redbridge: Pre – Consultation Business Case