Notice of Meeting

HEALTH AND ADULT SERVICES SELECT COMMITTEE

Wednesday, 13 January 2016 - 6:00 pm
Committee Rooms 1 & 2, Civic Centre, Dagenham

Members: Cllr Eileen Keller (Lead Member), Cllr Peter Chand (Deputy Lead Member), Cllr Sanchia Alasia, Cllr Abdul Aziz, Cllr Edna Fergus, Cllr Adegboyega Oluwole and Cllr Hardial Singh Rai

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AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

   In accordance with the Council’s Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. Minutes - To confirm as correct the minutes of the meeting held on 14 December 2015 (Pages 3 - 7)

4. Proposals for changes to Stroke Rehabilitation Services (Pages 9 - 22)

   Representatives of the Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups will deliver a presentation on the proposals for changes to Stroke Rehabilitation Services, which will be followed by questions.

5. Any other public items which the Chair decides are urgent

6. To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.
Private Business

The public and press have a legal right to attend Council meetings such as the Health and Adult Services Select Committee, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). There are no such items at the time of preparing this agenda.

7. Any other confidential or exempt items which the Chair decides are urgent
Our Vision for Barking and Dagenham

One borough; one community;
London’s growth opportunity

Encouraging civic pride

- Build pride, respect and cohesion across our borough
- Promote a welcoming, safe, and resilient community
- Build civic responsibility and help residents shape their quality of life
- Promote and protect our green and public open spaces
- Narrow the gap in attainment and realise high aspirations for every child

Enabling social responsibility

- Support residents to take responsibility for themselves, their homes and their community
- Protect the most vulnerable, keeping adults and children healthy and safe
- Ensure everyone can access good quality healthcare when they need it
- Ensure children and young people are well-educated and realise their potential
- Fully integrate services for vulnerable children, young people and families

Growing the borough

- Build high quality homes and a sustainable community
- Develop a local, skilled workforce and improve employment opportunities
- Support investment in housing, leisure, the creative industries and public spaces to enhance our environment
- Work with London partners to deliver homes and jobs across our growth hubs
- Enhance the borough’s image to attract investment and business growth
Present: Cllr Eileen Keller (Chair), Cllr Peter Chand (Deputy Chair), Cllr Sanchia Alasia, Cllr Abdul Aziz, Cllr Edna Fergus, Cllr Adegboyega Oluwole and Cllr Hardial Singh Rai

32. Declaration of Members' Interests

There were no declarations of interest.

33. Minutes - To confirm as correct the minutes of the meeting held on 4 November 2015

The minutes of the meeting held on 4 November 2015 were confirmed as correct.

34. The Care and Support Charging Policy

The Cabinet Member for Adult Social Care and Health (CMASCH) presented a report on the Care and Support Charging Policy. She explained the background to the report and asked the Health and Adult Services Select Committee (HASSC) to note:

- The Cabinet’s decision to endorse the proposal that the Council consults on revisions to the Care and Support Charging Policy in the following areas where discretion can be applied:
  - The level of the disability related expenditure disregard automatically applied to the financial assessment, and
  - The principle of charging for care and support services provided to a carer who meets the eligibility criteria for services in their own right; and
- That a further report shall be presented to the Cabinet in February 2016 advising on the outcome of the public consultation and, if appropriate, presenting a revised draft Care and Support Charging Policy for approval.

In response to questions from the HASSC, the CMASCH stated that following the consultation, the HASSC would, in future, have an opportunity to comment before a decision is made on charging carers for services.

35. The Disabled Facilities Grant

The CMASCH presented a report on the Disabled Facilities Grant. She explained the background to the report and asked the HASSC to note the Cabinet’s decision to:

- Agree that the Council consults on the proposed introduction of arrangements whereby up to £10,000 may be recoverable via the placing of a local land charge where a person in receipt of a grant has a financial interest in the property, in line with the Housing Grants, Construction and Regeneration Act 1996, in order to regularise the position and to support
the growth of the scheme, and

- Note that a further report shall be presented to the Cabinet in February 2016 advising on the outcome of the public consultation and, if appropriate, presenting a draft policy for approval.

In response to a question, the Divisional Director for Adult Social Care (DDASC) stated that the Council did not charge for putting in disabled bays. A member asked why it appeared to be the case that anyone could park in certain disabled bays in Barking and Dagenham, without receiving a ticket, whereas in other boroughs, to do so incorrectly would lead to a ticket being issued to the driver. The CMASCH stated that according to her understanding, notices against parking in a disabled person’s bay, which were not associated with a traffic order, were not enforceable. She stated that she would ask the Cabinet Member for Crime and Enforcement to clarify the enforceability of such notices.

The Healthwatch representative asked whether the proposal took into account that properties with significant alterations made to suit the needs of a disabled person could potentially be difficult to sell. The CMASCH stated that the maximum amount that could be recovered through the charge placed on the person’s home would be £10,000 which was reasonable, given that adaptations could often cost more than this.

In response to a question, the CMASCH stated that:

- the charge on the person’s property would be removed after a 10 year period, beginning with the date the adaptation was made, and
- she was not entirely certain but according to her understanding, if after a 10 year period, the disabled person has another adaptation made, a further charge would not be placed on their property.

Members questioned the appropriateness of calling the scheme a ‘grant’ given that some people would be required to pay up to £10,000 back to the Council. Furthermore, some people may prefer to repay the money, rather than have a charge put on their house. The CMASCH stated that the term ‘loan’ was not currently being used to describe the scheme as loans were more costly to set-up and administer. Her view was that most people feel anxious about paying the money back and this proposal, which would not require them to pay anything back unless there was a disposal of their home, would address these anxieties. However, she was happy to take both issues back to officers for discussion.

36. Embedding the Care Act 2014

The CMASCH presented a report on Embedding the Care Act 2014, which provided a self-assessment of the implementation of the Care Act 2014 in line with guidance published by the Local Government Association (LGA). She praised Council staff who were involved with overseeing the changes brought about by the Act as well as those impacted by it. She asked members to note the report in the context of the Council’s bid to become an ‘Accountable Care Organisation’. If the Council won the bid, this would radically change the way many health and social care services are delivered in future. Finally, she assured the HASSC that the Council would be developing its own appeal process to allow people to appeal against specific decisions made by the Council about their care and support. This would improve on the current situation which required people to appeal via the Council’s complaints process which was not appropriate.
37. **Initiatives that encourage and support older people to keep fit and active**

The Sports Development Officer (SDO) delivered a presentation on the Ageing Well Programme, a health and well-being programme for residents aged 60 years or over. The programme offered a variety of physical and cultural activities and ran from a number of venues across the borough. She circulated hardcopies of the ‘Ageing Well Programme 2015-16’.

The Divisional Director for Culture and Sport (DDCS) stated that since the Council started charging £1 a week for membership, it saw the number of members decrease; however participation levels remained steady which meant that previously, there were a number of members who were not attending sessions.

The Council had carried out its fourth annual survey of the Programme and it was clear from this that service-users felt very positive about the Programme and cherished the opportunity to meet others. He would be happy to share the results and analysis of the survey with the HASSC.

In response to questions, officers stated that they could provide the current breakdown of the number of members of the Programme who were from this borough and other boroughs following this meeting.

In response to a question, officers stated that the Council did not provide support to members for travelling to sessions; however, it did try to ensure that the venues used for the sessions were as spread out as possible so that members could frequently attend a session that was not too far from their home. It was not possible to do this however, for all activities. Members commented that the Council should work with Transport for London to address any routes in the borough that were lacking sufficient public transport provision to make it easier for older people to get out and about. Members noted that there was a map of the borough showing the location of the venues used for sessions in the Ageing Well Programme booklet that was handed out, which showed a good spread of venues across the borough.

In response to a question, officers stated that the borough had received awards for its two dementia-friendly swimming pools and would be looking at spreading these types of approaches to its other leisure facilities where possible.

In response to a query from a member, the DDCS stated that the Healthy Hearts Programme only ran at the Abbey Leisure Centre as it would be too costly to offer it there as well as at the Becontree Leisure Centre.

38. **CQC Inspections of Local Providers**

The Health and Social Care Integration Manager (HSCIM) outlined a report on the Results of inspections undertaken by the Care Quality Commission (CQC) on local adult social care services in quarter 1 of 2015/16.

Members noted the progress made at Cherry Orchard Care Home and George Broker House, which received ratings of ‘requires improvement’ and ‘inadequate’ respectively at their last inspections.
In response to questions, the DDASC stated that:

- It was rare that CQC inspection results would come as a surprise to the Council. It was sometimes the case that the Council had already identified problems with a provider, when CQC would then come in and do an inspection. In the past CQC was slow to respond to concerns raised by the Council with regards to a provider; however, recently the Council had seen an improvement. The Council reviewed providers every month and had its own rating system. A team of social workers, with each person allocated a ‘cluster’ of providers to oversee, carried out regular assessments. Furthermore the Council held a contract with a monitoring officer who also carried out visits to providers.
- A care home could be closed if it had serious issues which would involve moving service users en masse but this would be a last resort. Family members of service users could move their loved one from a provider and this did occur from time to time.
- Introducing CCTV systems in care homes to monitor staff would be seen as an extreme and disproportionate measure and would not necessarily raise standards. It was more important to work with the providers and ensure that changes needed to make improvements were sustainable.

39. The Local Account

The HSCIM outlined a report on the Local Account, which was in video format this year, and asked members to ‘spread the word’ about the video, which was available online. The Local Account video had been viewed by the HASSC just prior to this meeting. The HASSC’s feedback on the video was very positive, stating that it was an interesting, clear and engaging video.

40. Intermediate Care update

Members noted an update report on the Intermediate Care proposals which stated that the London Borough of Redbridge’s Health Scrutiny Committee had agreed (for the second time) to refer the proposals to the Secretary of State for Health who as result, had asked the Independent Reconfiguration Panel to report to him with an initial assessment by 31 December 2015.

41. Work Programme

The Lead Member, Councillor Keller, stated that she wished to bring the following matters to the Committee’s attention:

- An additional HASSC meeting had been arranged for 13 January 2016 when representatives of the local Clinical Commissioning Groups’ (CCG) would present their proposals for changes to Stroke Rehabilitation services. She asked members to ensure that the details of this meeting were in their diaries.
- Whilst the HASSC had received a scoping report earlier in the year which implied that the Committee’s ‘Falls Prevention’ work would lead to an in-depth scrutiny report, she now felt that a thorough report would not be possible, particularly as there were only two (pre-scheduled) meetings of the HASSC remaining with substantial items on the Work Programme, in
addition to items relating to Falls Prevention. She suggested that the items relating to Falls Prevention remain so that members had the opportunity to scrutinise Falls Prevention services and make recommendations if required, but that an in-depth scrutiny report was not necessary. The HASSC agreed with the Lead Member’s view.

The latest version of the Work Programme was agreed with the exception that the CCG would be doing the Primary Care item and BHRUT, Adult Social Care and NELFT would be presenting the Falls Prevention item.
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## HEALTH AND ADULT SERVICES SELECT COMMITTEE

### 13 January 2016

**Proposals for changes to Stroke Rehabilitation Services brought by the Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups**

### Report of the Head of Legal and Democratic Services

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| **Report Author:** Masuma Ahmed, Democratic Services Officer | **Contact Details:** Tel: 020 8227 2756  
E-mail: masuma.ahmed@lbbd.gov.uk |
| **Accountable Divisional Director:** Fiona Taylor, Head of Legal and Democratic Services |
| **Accountable Director:** Chris Naylor, Chief Executive |

### Summary:

The Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (CCGs) delivered a presentation to the Health and Adult Services Select Committee (HASSC) at its meeting on 22 September 2015 on the case for change to local Stroke Rehabilitation Services. At this meeting members had an opportunity to ask the CCGs’ representatives questions and were generally positive about the case for change.

The meeting on 13 January 2016 has been scheduled to allow the CCGs’ representatives to present the actual proposals for service change and provide details of how the proposals will particularly affect the borough and its residents.

Members are asked to note that the deadline for publishing of the agenda for the HASSC meeting was extremely close to the CCGs’ own deadline for finalising their official consultation document. Therefore, the document provided by the CCGs as part of the agenda pack for the meeting is a ‘close draft’; minor changes may be made to it before the CCGs publish the final version of the consultation document. The CCGs’ representatives have been asked to highlight any changes made to the consultation document after the publication of the HASSC agenda that are of note at the meeting. Hard copies of the final consultation document will be available at the meeting and the web link to the electronic version will be circulated as soon as it is live.

Members are also asked to note that the CCG’s representatives have additionally been invited to the HASSC meeting on 10 February 2016 to allow members a second opportunity to ask more detailed questions on the proposals so that the HASSC may provide an informed response to the consultation.

### Recommendation(s)

- The HASSC is recommended to:
  1. Note the proposals for changes to local Stroke Rehabilitation Services as presented by representatives of the CCGs and
  2. Ask questions of the CCGs’ representatives with a view to scrutinising whether the proposals are in the best interests of Barking and Dagenham and its residents.
Reason(s)

This report relates to the Council’s priority to ‘enable social responsibility’ and under it, the objective to ‘ensure everyone can access good quality healthcare when they need it’. The issue of changes to stroke rehabilitation services relates to the HASSC’s function to scrutinise any matter relating to the planning, provision and operation of the health service in the borough or accessed by Barking and Dagenham residents.

1. Introduction and Background

1.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 under the National Health Service Act 2006 (governing the local authority health scrutiny function) give the Council the power to review and scrutinise any matter relating to the planning, provision and operation of the health service in the borough and make reports and recommendations to NHS bodies. The Council’s Constitution delegates these duties to the HASSC.

1.2 The Regulations require NHS bodies to:

- Provide information about the planning, provision and operation of health services as reasonably required by local authorities to enable them to carry out health scrutiny;
- Attend before local authorities to answer questions necessary for local authorities to carry out health scrutiny;
- Consult on any proposed substantial developments or variations in the provision of the health service, and
- Respond to health scrutiny reports and recommendations.

2. Proposal and Issues

2.1 The BHRCCGs delivered a presentation to the HASSC at its meeting on 22 September 2015 on the case for change to local Stroke Rehabilitation Services. The presentation provided a number of reasons for change in the delivery of services, including:

- Variation of the community stroke rehabilitation care being delivered across all three boroughs;
- The quality of community stroke rehabilitation is not consistently meeting national standards;
- The current level of capacity and current level of demand for community stroke rehabilitation are not aligned, and
- The need to invest resources in the best possible way.

The (draft) consultation document provided at Appendix 1 contains details of the actual proposals and as these may potentially lead to substantial changes to how local stoke rehabilitation services are delivered, the HASSC is entitled to be consulted on the proposals and submit a formal response to the CCGs for consideration. The deadline for responding to the consultation is 1 April 2016.
2.2 In asking questions of the CCGs’ representatives at the meeting, members will bear in mind the Guidance produced by the Department of Health to support local authorities to deliver effective health scrutiny, which is available on https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf. The following points from the Guidance may be of note to the HASSC:

“Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health and social care is working – relevant to this might be how well health and wellbeing boards are carrying out their duty to promote integration - and in making recommendations about how it could be improved.

“In considering substantial reconfiguration proposals health scrutiny needs to recognise the resource envelope within which the NHS operates and should therefore take into account the effect of the proposals on sustainability of services, as well as on their quality and safety.”

2.3 The CCGs’ representatives have been invited to the HASSC meeting on 10 February 2016 to take further questions from HASSC if necessary so that members can provide an informed response to the consultation.

3. Financial Implications

There are no direct financial implications arising from this report.

4. Legal Implications

There are no direct legal implications arising from this report.

Background Papers Used in the Preparation of the Report:

The presentation delivered by representatives of the CCGs on the case for change to Stroke Rehabilitation Services is available on:


List of appendices:

Appendix 1

BHRCCGs’ Draft Stroke Rehabilitation Consultation Document for LBBD
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The local NHS should provide more stroke rehabilitation services in patients' homes, provided it is safe for them to be there.

- Strongly in favour
- In favour
- Against
- Strongly against
- No opinion

The local NHS should reduce the number of stroke beds if it can be shown that they are not used and are not needed.

- Strongly in favour
- In favour
- Against
- Strongly against
- No opinion

Please tell us anything else about our stroke rehabilitation proposals that you think is important for us to know.

This document is about changes we want to make to some health services in Barking and Dagenham, Havering and Redbridge. We want to know what you think about this. If you would like to know more, please contact us on haveyoursay@onel.nhs.uk or 020 3688 1615 and tell us what help you need. Let us know if you need this in large print, easy read or a different format or language.

Monitoring questions

We would find it useful if you could tell us a bit about yourself so we can see what sorts of people are responding to this consultation and whether they think differently from other groups. That helps us to understand if the changes we want to make are helping or harming some groups of people than others. You don’t have to give us your name if you don’t want to and we will still take your views into account.

- Name (optional)
- Would you like to be kept up to date with information about the NHS (including this consultation?)
  - Yes
  - No

If yes, please give us your email or postal address.

- Are you?
  - Male
  - Female
  - Prefer not to say

- Do you have a disability?
  - Yes
  - No
  - Prefer not to say

- How old are you?
  - Under 16
  - 16-25
  - 26-40
  - 41-65
  - 66-74
  - 75 – 79
  - 80 or over
  - Prefer not to say

- What is your ethnic background? (tick)
  - Any White background
  - Any mixed ethnic background
  - Any Asian background
  - Any Black background
  - Any other ethnic group (please tell us what)
  - Prefer not to say

- Which belief or religion, if any, do you most identify with? (tick)
  - Agnosticism
  - Islam
  - Atheism
  - Judaism
  - Buddhism
  - Sikhism
  - Christianity
  - Other
  - Hinduism
  - Prefer not to say
As local GPs, we know that people don’t always get the right rehabilitation care after a stroke and we want this to change.

Changes across London have seen all patients with a suspected stroke taken to one of eight specialist stroke centres, known as hyper acute stroke units (HASUs), for immediate, expert care from specialised staff. Seven days a week, 24 hours a day, all stroke patients are assessed, undergo a brain scan, are diagnosed and given life-saving clot-busting drugs within 30 minutes of arriving at hospital, and within four and a half hours of having a stroke. This has transformed stroke care and outcomes, saving hundreds of extra lives each year and improving people’s chances of rapid and lasting recovery.

The priority now is for us to build on this and continue improvements by looking at stroke rehabilitation services and longer term recovery and making them better and fairer, so that wherever you live, you get the same excellent care, whether at home or in a hospital.

Over the past year, we’ve been working with partners to identify what needs to change about stroke rehabilitation and develop solutions to make sure stroke rehabilitation users get the best possible outcomes.

Locally, the demand for stroke rehabilitation services is anticipated to grow by 35% in the next 20 years as the number of older people living locally increases. We want to make changes to stroke rehabilitation services now, to make sure people recover and live the fullest life possible.

This consultation document explains why and how we want to make changes to stroke rehabilitation services across Barking and Dagenham, Havering and Redbridge. Please read it and let us know what you think by filling in the questionnaire at the back.

The NHS in London has transformed its system of hospital stroke care. This has saved hundreds of extra lives each year and hugely improved people’s chances of rapid and lasting recovery following a stroke.

What matters with a stroke is getting the right treatment, in the right place, at the right time. All patients with a suspected stroke are now taken to one of eight hyper acute stroke units, (I lead one, at Queen’s Hospital in Romford), for expert care from specialised staff, without delay. This centralised model of care has made a very real difference with more people than ever now surviving a stroke.

Now, the priority needs to be getting the next step – rehabilitation – right, so that people recover and live the fullest life possible.

These improvements are all about the opportunity to receive world class health care – I encourage you to make the most of it.
About this consultation

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (CCGs) are working together to improve how people recover from a stroke after their initial treatment. This is known as stroke rehabilitation.

This consultation document explains how and why we want to change stroke rehabilitation services in Barking and Dagenham, Havering and Redbridge (BHR).

We want to make stroke rehabilitation services more joined up with each other and focused on what individual people need, regardless of where people live. We believe doing this would mean people receive specialist care, tailored to their needs, that would help them to recover better and more quickly.

Our population is growing and changing. Around 9,000 people living in the three boroughs are registered as having had a stroke and this will increase. We need a stroke rehabilitation system that will provide good quality care for people now and can also care for more people in years to come.

In this consultation document we have set out different options and explained what we think is the best option and why. We want to know what you think, whether you agree or disagree, and if there is anything else you want us to consider.

We’d like to hear from as many local people as possible about our proposals. We would especially like to hear from people who have had a stroke, or have been a carer/family member/friend of someone who has. We’d also like to hear from carers and people aged 65 years and over (as most of the people who suffer from a stroke are in this age group).

Comments from health professionals and our partners in the community and voluntary sector about whether they think our proposals would improve stroke rehabilitation services for local people are also welcomed.

To tell us what you think, you can fill in the online questionnaire on our websites or complete the questionnaire at the back of this document and send it back to FREEPOST BHR CCGS, free of charge.

All comments must be received by 5pm, on Friday 1 April 2016.

How to find out more

To get more information about our work to change stroke rehabilitation services you can:

• Look on our websites (addresses on next page)
• Come and see us – visit our websites or give us a call to find out when we will be near you
• Ask us to come and see you - if you would like someone to come and talk to your community group, email haveyoursay@onel.nhs.uk or call 020 3688 1615.

N.B. This consultation is about making changes to stroke rehabilitation services for adults, not children.

Glossary

ASU acute stroke unit
BHR Barking and Dagenham, Havering and Redbridge boroughs
BHRUT Barking, Havering and Redbridge University Hospitals NHS Trust
CCG clinical commissioning group
CRS community rehabilitation service
ESD early supported discharge
Inpatient unit provides treatment and support to people in a hospital setting
HASU hyper acute stroke unit
NELFT NELFT NHS Foundation Trust
Rehabilitation – after having a stroke you recover by regaining strength, relearning skills or finding new ways of doing things. This process is called rehabilitation. Rehabilitation often focuses on:

• physical therapy to help your movement, strength and fitness
• occupational therapy to help you with daily activities such as
• speech and language therapy to help with speaking, understanding and swallowing
• treatment of pain

A stroke rehabilitation programme could involve:

• physiotherapy to help with muscle weakness
• speech and language therapy to help with swallowing and communication
• sessions with a clinical psychologist to help with emotional problems
• support from an occupational therapist on how to do everyday tasks such as washing, getting dressed, dressing, shopping and cooking.

To respond to this consultation online or find out more about our work on stroke rehabilitation visit:

www.barkingdagenhamccg.nhs.uk/stroke
www.haveringccg.nhs.uk/stroke
www.redbridgeccg.nhs.uk/stroke
What is a stroke?

A stroke is a serious, life-threatening medical condition that occurs when the blood supply to part of the brain is cut off. The brain needs the oxygen and nutrients provided by blood to function properly. If the supply of blood is restricted or stopped, brain cells begin to die. This can lead to brain injury, disability and possibly death.

Strokes are a medical emergency. The sooner you receive treatment for a stroke, the better your chances of recovery. If you think you or someone else is having a stroke, call 999 immediately and ask for an ambulance.

The impact of a stroke is instant and unpredictable. You are more likely to have a stroke if you are over 65 years old, smoke, have high blood pressure, diabetes, high cholesterol or an irregular heart rate or are of South Asian, African or Caribbean descent.

When you have a stroke, the first stage of care (known as acute care) focuses on providing life-saving treatment and then stabilising you. This takes place in a hyper-acute stroke unit (HASU), which is a 24-hour specialist centre providing high quality expertise in diagnosing, treating, and managing stroke patients. On arrival, you are assessed by a specialist, have access to a brain scan and receive clot-busting drugs (thrombolysis) if appropriate, all within 30 minutes.

Locally, there is a HASU at Queen’s Hospital in Romford and some people go to the HASU at the Royal London Hospital in Whitechapel.

TIAs (mini-strokes)

You may have heard of what some people call a mini-stroke, this is a related condition known as a transient ischaemic attack (TIA).

This is where the supply of blood to the brain is temporarily interrupted, causing a mini-stroke often lasting between 30 minutes and several hours. TIAs should be treated seriously as they are often a warning that you are at risk of having a full stroke in the near future. People who have had a TIA do not need stroke rehabilitation.

Recovering from a stroke

What happens after you have a stroke will depend on how serious it is. Once you’ve been stabilised, the next step is rehabilitation. Stroke rehabilitation aims to support people to adapt to the physical, mental and social complications resulting from their stroke.

A stroke can result in arm/leg weakness, visual problems, facial weakness, slurred speech, bladder control issues, difficulty swallowing and problems using language correctly (aphasia).

Your rehabilitation will depend on what you need to get better. Some people will leave hospital fairly quickly to have intensive rehabilitation at home. Others will need more support and may need to stay in a hospital for longer. Unfortunately, some people never fully recover and will need long term support adjusting to living with the effects of their stroke. Thirty per cent of people who have had a stroke live with the effects of it, and so they especially need effective rehabilitation to help them live as full a life as possible.
Types of stroke rehabilitation

Locally, there are three types of stroke rehabilitation services:

1. Early Supported Discharge (ESD) – provided by BHRUT and NELFT

Early Supported Discharge offers regular intensive rehabilitation in your own home, five days a week for up to six weeks, depending on your needs. It is as intensive as the rehabilitation you would receive in an inpatient unit and is for people expected to make a good recovery from their stroke. The ESD service helps you recover by practising everyday tasks such as speaking, walking, washing, dressing and cooking and is staffed by physiotherapists, speech and language therapists and occupational therapists.

Evidence shows that a good ESD service can significantly reduce the amount of time a stroke patient stays in hospital and helps them to recover better after a mild to moderate stroke. The National Institute for Health and Care Excellence (NICE) recommends that 40% of all stroke rehabilitation should be delivered through ESD. Locally, only around 20% of stroke rehabilitation is through ESD at the moment.

2. Community Rehabilitation Service (CRS) – provided by NELFT

The Community Rehabilitation Service is for people who don’t need to be in hospital but the level of disability following their stroke means they are unlikely to make a full recovery. CRS is less intensive and less frequent and works to help people regain confidence by providing treatment, advice and support. The CRS team includes occupational therapists, physiotherapists, rehabilitation nurses and therapy assistants.

3. Inpatient rehabilitation unit

Some patients with a higher level of need after their stroke need to spend more time in a hospital-like setting so they will stay in an inpatient rehabilitation unit. On average, people should spend around 20 days here but at the moment they often spend longer, in part because the rehabilitation they get isn’t right or isn’t available.

There are two stroke rehabilitation inpatient units locally: Grays Court and Beech Ward.

Grays Court in Dagenham (run by NELFT)
John Parker Close, Dagenham, RM10 9SW
Grays Court is mostly used by stroke patients who live in Barking and Dagenham and Havering.

Capacity and facilities:
17 beds; 13 single rooms with en-suites (which make it harder to watch patients and for patients to interact) and one room with four beds for high risk patients. There is a physiotherapy gym, day room/dining area and consultation rooms. It does not have 24/7 medical cover so in an emergency, an ambulance is called to take patients to hospital.

Public transport:
There are infrequent buses and the nearest underground station is 15 minutes’ walk away.

Parking:
Free limited parking on site, used by staff and visitors so it is often full. Limited parking on nearby residential streets.

Beech Ward at King George Hospital (run by BHRUT)
Barley Lane, Goodmayes, IG3 8YB
Beech Ward is mostly used by patients who live in Redbridge.

Capacity and facilities:
15 stroke beds in one ward, with separate bays for men and women and three single rooms. There is a day room, physiotherapy gym and access to a larger hospital gym. Being located at King George Hospital means easy access to other hospital services and facilities. There is 24/7 medical cover and in an emergency doctors on the hospital site are able to respond quickly.

Public transport:
Four bus routes stop in the King George grounds. Nearest train station is 20 minutes’ walk (or a short bus ride) away.

Parking:
Large on-site carpark for staff and visitors, charges apply.
If you have a stroke at the moment, wherever you live, the current rehabilitation available means:

- You’ll spend more time in hospital than you need to, even when it is better for you to be at home
- You won’t always have specialist stroke staff taking care of you
- Your recovery will take longer.

**If you live in Redbridge**
- If you need inpatient rehabilitation you’ll go to Beech ward at King George Hospital
- If you live in west Redbridge (Wanstead area) you can’t have ESD, so you have to recover in an inpatient ward, which will mean you’re in a hospital bed for longer
- If you can have ESD, you can’t have the full range of therapies that should be on offer under ESD.

**If you live in Barking and Dagenham**
- If you need inpatient rehabilitation you’ll go to Grays Court
- You’ll spend longer in an acute stroke unit because it takes longer to be admitted to Grays Court
- If you can have ESD, you can’t have the full range of therapies that should be on offer under ESD.

**If you live in Havering**
- If you need inpatient rehabilitation you’ll go to Grays Court.
Improving stroke rehabilitation services

Over the past year, we have been looking at how local stroke rehabilitation services could be improved, based on what clinicians and stakeholders told us, what was best practice, and what was happening locally. From this we developed a case for change, which sets out in detail what needs to change and why. As part of this we drew up a list of options for stroke rehabilitation services. To read about this in detail, visit our websites.

We held a workshop to discuss the options, the advantages, disadvantages and implications of each one and decided through a scoring process what was the best option. Details of this process and the evidence considered is on the stroke page on our websites.

The workshop involved doctors with an interest in stroke, representatives from all three councils, patient representatives, Healthwatch representatives, carer organisation representatives, stroke specialists and local NHS managers.

The group discussed the pros and cons of each option, using the following criteria:

**Clinical outcomes and safety**
- Does the option improve patient outcomes and patient safety?

**Patient/carers’ experience**
- Does the option improve patient / carers’ experience?

**Access to services**
- Can everyone use the services, wherever they live?

**Deliverability**
- Can the option be delivered without significant risk or disruption to business as usual?
- Is the option likely to deliver the benefits identified?

**Flexibility**
- Is the option able to respond to demand and future population growth?

Using these criteria, the group considered the following options:

Option 1: Do nothing – services stay the same as they are now.

The group decided that this option was not practical – stroke rehabilitation services need to change and can’t stay as they are. The group agreed that the current service is unfair as the rehabilitation people receive depends on where they live and this shouldn’t be the case.

Option 2: A single separate ESD service and a single separate CRS service, covering all three boroughs.

The group was of the opinion that while it was positive that all three boroughs would receive the same services, running ESD and CRS separately would mean that care would have to be handed from one team to another, which would mean patients would have to wait while this happened, leading to delays across stroke care.

Option 3: A combined ESD and CRS service covering all three boroughs, offered by one provider, with one inpatient unit.

Every participant in the group scored this as the best option. They decided this model of care would mean better, more joined up care which means patients would not have to wait for three working days (as they do at the moment) after leaving the HASU or ASU before they are seen by the ESD team.

The ESD and CRS services would be delivered by the same team which follows nationally-recognised best practice models that combine ESD and CRS functions.

**Where the inpatient stroke rehabilitation beds should be**

The group then looked at where the inpatient stroke rehabilitation service should be. The group decided it was important that a stroke inpatient unit should:

- be able to provide emergency medical cover (24/7)
- provide care to all BHR stroke patients
- be able to respond flexibly to changes in demand over time
- be ‘reasonably accessible’ to all BHR residents
- have good transport links and parking for disabled people.

Providing all inpatient rehabilitation in one place would mean that:
- care is provided by staff who specialise in caring for stroke patients, so patients would receive better care
- we could use staff much more efficiently and flexibly and develop their expertise
- relationships and communication with other parts of the NHS would improve, resulting in better care.

The two locations that could provide inpatient stroke rehabilitation were Grays Court and King George Hospital.

**Option A:** King George Hospital in Goodmayes

- Basing the inpatient unit at King George Hospital would mean that:
  - Patients would have 24/7 emergency medical cover on site
  - There are other services on the King George Hospital site that stroke patients can use
  - It is easier for most family and carers to visit because transport links are better.

**Option B:** Grays Court in Dagenham

- Basing the inpatient unit at Grays Court would mean that:
  - Patients would not have 24/7 medical cover and would have to go to hospital by ambulance in an emergency
  - Family and friends who rely on public transport and aren’t able to walk far may struggle to visit easily
  - Pressure on limited car parking would increase.
Following discussion, it was agreed that Option A: locate the inpatient unit at King George Hospital was the preferred option.

This means the preferred option (option 3A) is:
A combined ESD and CRS service covering all three boroughs, offered by one provider, with one inpatient unit based at King George Hospital.

Note: The scoring group only considered what was best for patients – they did not talk about money or how much any changes might cost. Separately, finance experts looked at how much each option would cost. It was agreed that any stroke rehabilitation service should cost no more than the current service, but the money we spend on stroke rehabilitation can be spent in a better way, so that people recover more quickly and fully.

Why stroke services should change

We believe that by making changes to stroke rehabilitation services we can help people to recover better and more fully. The way stroke rehabilitation is provided currently means people don’t always recover as fully or as quickly as they should.

What recovery means depends on the individual patient, but can be helping them to stay at home, rather than going into a care home; being able to speak without slurring or being able to do things that are important to them, such as baking a cake or going fishing.

At the moment, when it comes to receiving rehabilitation, stroke survivors face a ‘postcode lottery’ based on where they live or what hospital they’ve been in, and this shouldn’t happen.

With more people expected to need stroke rehabilitation services in the future, we need to improve them now. This means moving towards a model of care, based on best practice and evidence, which involves:

- providing more rehabilitation in patient’s own homes, so it can be tailored towards their individual circumstances
- offering Early Supported Discharge for up to six weeks (length depending on need) for all suitable stroke survivors, wherever they live, so they receive the rehabilitation and support they need in their own homes
- one provider to offer Early Supported Discharge (at the moment, two providers offer it) meaning more joined-up care for patients and less administration
- combining the provision of Early Supported Discharge and Community Rehabilitation Service, to make sure patients move seamlessly through the stroke rehabilitation pathway, avoiding unnecessary transfers and delays in care
- having one specialist stroke rehabilitation inpatient unit at King George Hospital, which would mean patients would have better access to specialist therapy and nursing support.

We want to make sure all stroke survivors:

- receive regular checks and assessments looking at how they are living with the effects of stroke and what support they need
- are referred to a disability employment advisor or vocational rehabilitation team if they want to go back to work after their stroke
- are assessed a clinical psychologist if they need
- receive six and 12 monthly reviews of their health and social care needs
- receive ongoing support to help their recovery.

Changing the way stroke rehabilitation services are delivered will mean stroke survivors will receive care from staff with the specialist stroke skills and can have speech and language therapy and psychological support.

They will have an improved quality of life, are less likely to have a long-term disability and will be able to go back to work or do other meaningful activity. They will spend less time waiting in a hospital bed for the right sort of care, and will receive rehabilitation services more quickly and go home sooner.
Question and answers

**Q** Do local authorities and NHS providers support these proposals?

**A** Local authority representatives were involved in discussions about what the stroke pathway should look like. We are asking both partners what they think of our proposals as part of the consultation process.

**Q** If the preferred option was agreed, when would the changes happen?

**A** We need to take the time to make any changes properly, with minimum disruption to patients. We would need to have further discussions to Barking and Dagenham Council, which owns Grays Court, and BHRUT, which owns King George Hospital. We’d also need to look at how we could offer ESD and CRS across all three boroughs and what staff we would need.

**Q** Have you factored population changes into the planning?

**A** Yes. We always use the most up-to-date population information and projections to make sure we plan for current and future healthcare needs.

**Q** Isn’t this just all about saving money?

**A** No. These proposed changes don’t save us any money, but people will receive better care – which is more important to us.

**Q** Why just one stroke rehabilitation ward?

**A** The safest way to provide high quality stroke rehabilitation care is to have one stroke inpatient unit rather than a number of smaller units. One unit would mean we could use staff much more efficiently and flexibly and develop their expertise. A single stroke rehabilitation unit would be much better able to cope with fluctuations in demand. We would cut down on duplication of tasks, which would mean staff would have more time to spend with patients. Patients would have better access to specialist therapy and nursing support. The links with other parts of the NHS would be better too.

**Q** What would happen to Grays Court if the decision is made to centralise services?

**A** We do not own Grays Court – it belongs to Barking and Dagenham Caps for Council, so they would need to decide what to do with it. We would need to work with the council and other local stakeholders to help decide how best use the building. We’d also need to talk to Grays Court staff about the impact it might have on them and how to manage this.
18 I PROPOSED CHANGES TO STROKE REHABILITATION SERVICES

Equality impact assessment

We use equality impact assessments (EIAs) to identify the positive and negative impacts of a particular piece of work on equality and help us to identify actions which will build on the positive and mitigate the negative impacts. An EIA looking at the impact of potential changes to stroke rehabilitation services will be drafted during the consultation period, and will be on our websites. A final version will be published after the consultation has ended. If you would like a copy of either of these please let us know.

Questionnaire

We want to know what you think about our proposals.

Tell us about yourself...

Are you responding as... (tick as many as apply)?

- Someone who has had a stroke
- Someone who has experienced a friend or family member having a stroke
- A NHS staff member
- a carer
- a local resident
- Other

Prefer not to say

Are you? (please tick)

- Male
- Female
- Prefer not to say

What is the first half of your postcode?

Have you or someone you know used or worked in stroke rehabilitation services in any of the following areas; Romford and Dagenham, Havering, Redbridge?

Yes  No

Now we want to know what you think about our proposals to change stroke rehabilitation services...

Rank the following important care in hospital stroke rehabilitation services in order of how important they are to you (1 is the most important, 6 the least)

- 24/7 medical cover
- Speciality stroke staff
- Easy to get to by public transport
- Rehabilitation facilities such as a gym
- Pleasant environment and surroundings

Prefer not to say

Tell us what you think of the following statements...

Are you providing this response as a representative of a group?

Yes – what is the name of the group

No

Strongly in favour           in favour           against           strongly against           no opinion

All stroke patients should have access to the same stroke rehabilitation services, regardless of where they live

If you are in favour of this, where do you think the specialist inpatient unit should be?

- King George Hospital in Goodmayes
- Someone who has had a stroke
- Other
- Prefer not to say

Strongly in favour           in favour           against           strongly against           no opinion

Does King George Hospital have space for a stroke rehabilitation unit?

Yes. We would need to talk to BHRTU (as owner of King George Hospital) about where this would be.

What about having a stroke rehabilitation inpatient unit on the St George's Hospital site in Hornchurch?

Havering CCG is still working with the site's owners and NHS England to develop a new health centre on the site. That is still in the planning stage and so any new centre is some way off, but our plans don't involve having beds for overnight stays there, or for 24/7 emergency medical cover.

24/7 emergency medical cover.

If you decide to develop a new health centre on the site's owners and NHS England to work it out. We currently have 32 stroke rehabilitation beds across two sites and there is space for all of these at King George Hospital. We would expect that the number of beds needed would reduce as more people use home-based services such as ESD.

If you think of our proposals as part of the consultation process. If we want ahead with the changes, local care would be arranged more quickly as these at King George Hospital. We would expect that the number of beds needed would reduce as more people use home-based services such as ESD.

If the preferred option is agreed, we'd need to work this out with the organisation that would provide ESD and CRS. The team would consist of occupational therapists, physiotherapists, speech and language therapists, rehabilitation nurses and therapy assistants and we'd want it to operate seven days a week, at times convenient to patients.

When the consultation closes, we will read and consider all the responses we receive – we appreciate you taking the time to respond.

We will use what you tell us in a report for the three CCG’s decision-making governing bodies to consider, alongside any other evidence and/or information available (for instance the equalities impact assessment) and they will make a decision about what to do.

We will put the details of the CCG governing bodies’ decision-making meetings on our websites. These are meetings held in public, so you can come along, and all the reports that governing body members read will be on our websites so you can read them too. If you are responding on behalf of an organisation or you represent the public (as an MP, councillor or similar) your response may be made available for the public to look at. If you are responding in a personal capacity, we will not publish your name or response in full but we may use some of what you’ve said to show particular points of view.

If you let us know your contact details (by filling this in on the questionnaire), we can keep you up to date about any decisions we make.

If you want to comment on our proposals, we must receive it by 5pm on Friday 1 April 2016. Please send your completed questionnaire to: FREEPOST BHR CCGS (please write this in capital letters on the front of the envelope - no stamp is needed).

What happens next?

A

Q

Does King George Hospital have space for a stroke rehabilitation unit?

Yes.

A

Q

How will the ESD/CRS work? When will it operate and who will staff it?

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A

Q

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