HEALTH AND ADULT SERVICES SELECT COMMITTEE

13 January 2016

<table>
<thead>
<tr>
<th>Proposals for changes to Stroke Rehabilitation Services brought by the Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups</th>
</tr>
</thead>
</table>

Report of the Head of Legal and Democratic Services

<table>
<thead>
<tr>
<th>Open Report</th>
<th>For Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Report Author:</strong> Masuma Ahmed, Democratic Services Officer</td>
<td><strong>Contact Details:</strong></td>
</tr>
<tr>
<td></td>
<td>Tel: 020 8227 2756</td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:masuma.ahmed@lbbd.gov.uk">masuma.ahmed@lbbd.gov.uk</a></td>
</tr>
</tbody>
</table>

**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:

(i) Note the proposals for changes to local Stroke Rehabilitation Services as presented by representatives of the CCGs and

(ii) 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.
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 matters 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 stroke 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