

Report for Health Overview and Scrutiny Committee

Stroke Services

Introduction

1. The purpose of the report is to advise the committee of the rationale for making changes to stroke services in County Durham. The reports outlines the process that was undertaken by North Durham and Durham Dales, Easington and Sedgefield CCGs (the CCGs) to review the current service provided by the Stroke Association. It also outlines the process that will take place over the next six months to seek stakeholder views on potential service changes.

Incidence of Stroke in County Durham

2. The table below sets out the incidence of stroke in County Durham over the last three years:

Incidence of Stroke in County Durham		
Apr 2013-Mar 2014	Apr 2014-Mar 2015	Apr 2015-Mar 2016
923	1011	1011

Data from Sentinel Stroke National Audit Programme (SSNAP)

The Impact of Stroke on Survivors and Carers

3. The effects of stroke on families are considerable. Family members may struggle to adapt to a care-giving role, and relationships between stroke survivors and those closest to them are often altered by the illness. (*Effect of stroke on family carers and family relationships Gillespie D, Campbell F (2011) Effect of stroke on family carers and family relationships. Nursing Standard. 26, 2, 39-46. Date of acceptance: January 7 2011*).

“Considerable proportion of care undertaken by carers and families. As a result of the pressures, carers suffer from depression and anxiety and family tensions and financial problems are common.” (*The impact of stroke Charles D A Wolfe*).

The effects of stroke on patients (source: the Stroke Association)

4. Although all strokes are different, there are some common physical problems that many people experience:
 - problems with movement and balance: many people experience muscle weakness or paralysis after a stroke, which can affect your mobility and balance. This usually happens on one side of your body and can also cause a lot of pain and discomfort.
 - problems with your vision
 - problems with swallowing
 - problems controlling your bladder and bowels
 - excessive tiredness.

There are other effects that you can't see. Some of the 'hidden' effects of stroke include:

- problems with communication: many people have difficulty with speech and language after their stroke. A common communication problems, which affects around one third of stroke survivors, is aphasia. People with aphasia find it difficult to speak and understand what other people are saying to them, as well as reading and writing.
- problems with memory and thinking: it's very common to find that short-term memory and concentration is affected by stroke, but it can also affect other thinking processes as well, such as problem-solving, planning and finding your way around.
- changes to your emotions: a stroke has an emotional impact, which can lead to problems like depression and anxiety. It can also make it more difficult to control your emotions.
- changes to your behaviour.
- 1 in 5 dependant stroke survivors in the UK is cared for by family and friends.
- 64% said the emotional impact of the stroke was the hardest part to deal with.
- 2/3 of stroke carers experienced difficulty in their relationship with the stroke survivor.

Services Commissioned in County Durham

5. There are a range of services available for stroke survivors including acute services, community services and local authority delivered services. They are summarised in the following sections. These include:

6. CCG Commissioned Services are described in the table below:

Service type	Site	Location/Areas Covered	Services Aims/Service type
Hyper-acute Stroke units	UHND, City Hospital Sunderland (CHS), North Tees Hospital and Hartlepool FT(NTHFT)	County Durham Population	Urgent acute treatment for patients that have experienced a stroke
Stroke rehabilitation services	Bishop Auckland Hospital, North Tees Hospital, Sunderland Royal Hospital	County Durham Population	Inpatient care. If Patients receive acute care at NTHFT, CHS, they may receive inpatient rehabilitation at those trusts.
Outpatient services	UHND, DMH, BAGH, Sunderland Royal Hospital, North Tees Hospital	County Durham Population	Consultant outpatient clinics
Community rehabilitation services	Across County Durham	County Durham Population	Speech and language therapy, physiotherapy and Occupational therapy to aid recovery
Community stroke services	Easington area only	Easington area	Specialist nurse support to patients post discharge
Stroke Association Service	BAGH and community locations	County Durham population although most patients receiving the service have been an inpatient at BAGH	Provide information, advice and support for stroke patients and their families Communication support for stroke patients

7. Services Delivered by the Stroke Association are as follows:

7.1 The Stroke Recovery Service (formerly the information advice and support service)

The service is designed to provide information, emotional support and practical advice to people affected by stroke their carers and families. The service provides support to all patients and the family of patients who suffer a stroke in the County Durham and Darlington locality. Most patients that use the service have been inpatients at the BAGH stroke rehabilitation service. Staff work alongside a multidisciplinary team of professionals across health and social care to provide information and advocacy support for stroke survivors their carer(s) and family working towards regaining independence.

Services provided for service users previously include benefits advice, advocacy, diet and exercise advice, home from hospital service.

7.2 The Communication Support Service

This service is designed to help stroke survivors to maximise the communication skills which they have been left with after a stroke. The aim is to increase confidence and achieve the best level of recovery and independence in language skills. Support and motivation is given to increase confidence and achieve stroke survivor communication goals.

8. Durham County Council (DCC) commissioned services are shown in the table below:

Service type	Services Aims/Service type
Social Care Direct	Social Care Direct can assist users to find information and advice to help you live as independently as you can. Users will speak to a trained contact officer who will ask you questions about their situation and will decide whether we are able to help. If the service is unable to help they will advise you if there are other sources of help available. Social Care Direct can be contacted by phone, email or text.
Locate	Comprehensive website with information about adult care, support, information and advice in County Durham. General Practices in DDES will be trained in use of the Locate website. General Practices in North Durham have been offered the training and the training process is being finalised.
Health trainers	The service: <ul style="list-style-type: none"> • offers advice on eating healthier foods • helps users to lose weight • suggests exercise ideas • helps users to stop smoking • helps users to reduce alcohol intake • helps users to find other people who can help them to maintain a healthier lifestyle and much more Training can be on a one to one basis at a location or in small group training sessions. Trainer will provide a personalised health plan designed for the user's needs.
Welfare assistance	The welfare assistance scheme helps users to get short term support, or help to live independently. There are two types of help. 1. Daily living expenses If your circumstances change unexpectedly, you can apply for help with your

	<p>daily living expenses (for up to seven days). This includes:</p> <ul style="list-style-type: none"> •food •baby milk and nappies •heating •travel <p>2. Settlement grant</p> <p>A settlement grant will help you to stay in your home, or move back into housing, after living in supported or unsettled accommodation. For example if you're leaving care or you've been made homeless. This includes help towards:</p> <ul style="list-style-type: none"> •beds and / or bedding •furniture •white goods (for example, cooker, fridge, washing machine) •kitchen equipment •floor coverings •curtains •storage and / or removal costs
Re-ablement	<p>Re-ablement is about giving people over the age of 18 years the opportunity, motivation and confidence to relearn or regain some of the skills they may have lost as a consequence of poor health, disability, impairment or accident and to gain new skills that will help them to develop and maintain their independence. The service provides intensive re-ablement for people who are eligible for home care services before a long term home care service is provided. Re-ablement can take place for a maximum of 6 weeks, but is often completed in a shorter time period depending on assessed needs. If still eligible, any long term home care service will be provided after the period of re-ablement.</p>
Carers Support	<p>Carer Support provides</p> <ul style="list-style-type: none"> • Advice on benefits and grants • Carer breaks • Carers emergency support • Parent carer support
Domiciliary care	<p>Home care, sometimes known as domiciliary care means that someone will come into your home to help with:</p> <ul style="list-style-type: none"> • Personal care and keeping you safe: This can include things like washing and bathing, eating and drinking, getting up and going to bed. • Domestic tasks, such as preparing meals, doing laundry and ironing, cleaning or shopping (please note, even if you are eligible for care and support from the council this type of help would only be provided in exceptional circumstances. Details are listed on the LOCATE website
Care Connect home from hospital service	<ul style="list-style-type: none"> • The service provides: • Preparation of light meals; • Ensuring house is warm and tidy; • A 'meet and greet' service; • Pop in's and companionship; • Support to develop customer's confidence to help them remain independent; • Prescription collection; • Light housework; • Paperwork assistance to help customer pay household bills; • Making appointments e.g. GP appointments; • Arranging transport for post hospital discharge/GP appointments; • Accompanying customer on post discharge from hospital/GP appointments;

	<ul style="list-style-type: none"> • Identification of further health, social care or community services customer may benefit from; • Signposting to other services with customer permission.
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It should be noted that there are many services available on the LOCATE website which are not specifically for stroke survivors but there could be services which are suitable.

If a social worker is involved then they may assess needs for a service or individuals could also use Locate to find and arrange services privately.

9. Some of the voluntary and third sector services delivered in County Durham are shown below:

Service type	Location/Areas Covered	Services Aims/Service type
Stroke clubs	Consett Stroke Club Durham Stroke Club County Durham Stroke Club Coalfields Life After Stroke Ferryhill Stroke Club	The stroke clubs below are available for Stroke survivors. The clubs meet on a regular basis weekly/bi monthly and offer a range of activities.
British Red Cross Support at Home service		<p>The service includes:</p> <ul style="list-style-type: none"> • rebuilding confidence • collecting prescriptions • offering companionship • assistance with shopping. <p>The service is available on a time-limited basis. Referrals are accepted from GPs, primary care trusts, hospitals, social workers and individuals.</p>
Age Concern		<ul style="list-style-type: none"> • Information and advice • Support to local Age Concern groups and other older people's groups • Assisting with the setting up of lunch clubs and activity groups • Health promotion, Ageing Well and lifelong learning initiatives • Community safety days • Keep Warm Keep Well campaign and energy days • Volunteering programme to include pro-active recruitment including talks to pre-retirement groups, church groups etc., support, training and maintenance of volunteer support network • User and carer consultation programme – seeking the views of older people • Representing Age UK County Durham and older people's needs at strategic planning forums • Taking part in designated Age UK national campaigns

Outcomes for Stroke Survivors in Durham

10. The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in England. This national data source allows CCGs to compare performance against key processes that support improved health outcomes.

SSNAP Key Indicators April 2016 – March 2016	National England and Wales %	Durham Dales, Easington and Sedgefield CCG %	North Durham CCG %
Direct to stroke unit within 4 hours <i>Percentage of applicable patients who go direct to a stroke unit within 4 hours</i>	59.0	75.7	70.9
Stroke patients who receive thrombolysis <i>Percentage of all stroke patients who receive thrombolysis</i>	11.1	10.5	9.5
Discharged with joint health and social care plan <i>Percentage of applicable patients who are discharged with joint health and social care plan</i>	87.6	97.2	95.4
Over 90% of inpatient stay on a stroke unit <i>Percentage of applicable patients who spend over 90% of their inpatient stay on a stroke unit</i>	83.8	91.9	90.8
Prior anticoagulation for patients in known AF before stroke admitted to hospital for stroke <i>Percentage of patients in known AF before stroke admitted to hospital who had been prescribed anticoagulation prior to their stroke</i>	48.0	47.3	55.4
Treatment by a stroke skilled Early Supported Discharge team <i>Percentage of patients treated by a stroke skilled Early Supported Discharge team</i>	33.2	6.2	1.4
People with stroke receive a 6 month follow-up assessment <i>Percentage of applicable patients who are assessed at 6 month</i>	30.0	23.7	0.9

From the SNNAP data it can be seen that the two areas Durham perform poorly compared to the national position which are:

1. Early supported discharge - this offers an early, intensive rehabilitation service for stroke patients. This service helps patients to leave hospital more quickly and return to their own homes so that patients can maximise independence as quickly as possible after their stroke.
2. Six month follow-up assessments - it is important that every stroke survivor is offered a six month review so that their unmet needs are identified and they can be referred back into stroke specialist services where appropriate. Reviews should be undertaken by trained staff, using an evidence based review model

Service Review Undertaken

11. The CCGs review services on a regular basis to ensure that they still meet the needs of the local population. Standard Operating Procedure CCG SOP03 Commissioning Procedure states there are several drivers for proactively changing the commissioning arrangements for a service. These include:
- A persistent and serious risk to patient safety
 - The service represents poor value for money
 - There is insufficient need/demand to warrant the current volume of service and/or number of providers
 - The service model is out-dated i.e. the outcomes have not changed but new evidence on the model of delivery has developed which cannot be met via a variation of the existing contract
 - The service is no longer a clinical priority – reassessment of priorities may mean that investment is required elsewhere and so certain ‘non-essential’ services may be decommissioned
 - A mismatch between need and the current profile of provided services is identified as one of the outcomes of e.g. Health Need Assessments, Health Equity Audits, and/or Joint Strategic Needs Assessments
 - The provider is not demonstrably delivering on agreed outcomes following mutually agreed remedial action
 - As part of a commissioning or market management strategy
12. Many services are reviewed/impact assessed as part of CCG core business. The stroke service delivered by the Stroke Association was one of the services which was impact assessed. This report sets out the process undertaken to inform the CCG’s commissioning decision and the rationale for change.

How the review of the Stroke Association service was undertaken

13. Meetings take place with providers of services on a regular basis in relation to the contract value and type of service delivered. The CCGs meet monthly with County Durham and Darlington Foundation Trusts where the contract value is in excess of £250m per year. Smaller contracts such as the one that the CCGs hold with the Stroke Association have meetings less frequently.
14. The purpose of contract meetings is to review the service performance data and to discuss any issues relevant to contract delivery. Vince Lacey, Senior Commissioning Support Officer was requested to review the service in question. A number of meetings took place over the previous year as set out below which informed the options paper that was developed:

Meetings with the Stroke Association

Meetings between CCG commissioning and contract management staff and the Stroke Association took place in November 2015, July 2016 October 2016, November 2016 and December 2016

Meetings and Correspondence with DCC

Meetings with the CCG and DCC took place in February 2016 as both organisations commissioned a service from the Stroke Association at that time.

Additional information was gathered from colleagues about alternative services available in December 2016.

In January 2017 (20th) a meeting between CCG Directors of Commissioning and Denise Elliott, DCC Head of Commissioning, took place to communicate the outcome of the paper considered by CCGs.

Dialogue between the three CCGs

Throughout November and December 2016 discussions took place between commissioning leads in all three CCGs as the review was undertaken and the options paper was developed.

Service Performance Data

15. Data from the service was used to produce the options paper and commissioning impact assessment as provided by the Stroke Association. There were anomalies identified in the data subsequently, but it was acknowledged it has been reported as it had been provided. None of the anomalies impacted materially on the context in the paper and would not have impacted on the decision made by the CCGs at that time.

Patient Experience/Service User Views

16. As with all service reviews the experience of patients or service users is taken into account. The feedback from patients on the Stroke Association service was overwhelmingly positive. A summary of the key points is below

Life after Stroke Services Satisfaction Survey Results Summary of Results for Durham Service Users, July – September 2016

17. Between July – September 2016, we had 84 responses to our Satisfaction Survey. This is what they said.
 - 94% said that it was Very Easy or Fairly Easy for them to access the service.
 - 90% of clients were first contacted either face to face or by telephone, whilst 10% were contacted by letter.
 - 90% felt that the service was fully explained to them.
 - 100% of respondents were provided with the information that they needed and 95% of respondents felt that this information was Very Easy or Fairly Easy to understand.
 - 81% of respondents felt that they had been given information on how to prevent a stroke.
 - 92% of those who felt they needed support from other local services were signposted to these facilities.
 - 95% said that the service had helped them to express their needs.
 - 91% said that the service helped them to express their goals and 95% felt that they were supported to achieve their goals
 - 84% said we reviewed their needs and goals with them

When asked about their overall experience with the service,

- 94% felt that the level of service was either Good or Very Good
- 94% also said that they were Likely or Extremely Likely to recommend the service to a family member or friend

Strategic Context

18. The CCGs are implementing a different way of working with teams being developed around patients (TAPs). The aim of TAPs is to focus services around patients and communities with local clinical leadership. TAPs will be developed for populations of between 30,000 and 50,000. Clinical teams will work together with social care to coordinate services for patients and reduce duplication. This will in turn make services more productive. Care will be focussed on those most in need with services working together as part of a health and social care multi-disciplinary team (MDT). The TAPs via the MDTs will ensure that all appropriate services are 'wrapped around' patients.

Financial Context

19. The CCGs have a limited amount of funding available to achieve improved health outcomes for the population. There was also the need to make better and more effective use of existing services e.g. Durham County Council Services and other community services commissioned by health, DCC or provided by the voluntary sector. By making changes to the commissioning of the Stroke Association services, the CCG have created the opportunity to reinvest in additional clinical support services which will help to improve some of the nationally defined outcome measures.

Options Considered

20. The outcome of the review generated options for consideration by the CCGs. As part of this piece of work, an impact assessment was also completed. Following the completion of the impact assessment documentation, options were outlined and presented to the relevant Executive Committees for further discussion. The options outlined were as follows:
 - Carry on with the service in its current format
 - Modify the service, reduce funding to a level which will cover staff and over heads and put in place a specification with an appropriate data set and monitor.
 - Modify the service in some other way
 - Decommission one or both services

CCG Preferred Option

21. The decommissioning of the Stroke Association service was highlighted as an option as some of the aspects of the commissioned service are duplicated and provided by other organisations, for example Durham County Council. The Executive Committees for NDCCG and DDES CCG reviewed all options above and made the decision to decommission this service to take the opportunity to reinvest the funding into clinical services for stroke patients.

On line with the criteria for changing commissioning arrangements highlighted in paragraph 8 the following criteria applied:

- The service is no longer a clinical priority – reassessment of priorities may mean that investment is required elsewhere and so certain ‘non-essential’ services may be decommissioned
22. Following the CCGs decision, the CCG has been meeting with the Stroke Association to discuss concerns in relation to the outcome and also discuss possible future service provision. In addition to this, collaborative working between the CCGs, Stroke Association, Durham County Council and County Durham and Darlington NHS Foundation Trust (CDDFT) is currently taking place.

How things could look in the future and how it will improve services

23. The CCGs have committed to retaining existing levels of funding for stroke services. Of the two national performance indicators for stroke that require improvement, it is proposed that the initial focus is placed on increasing the number of patients that have a six month follow-up assessment. The rationale for this focus is that work is ongoing to remodel community services as described in paragraph 15 to improve productivity and reduce duplication. This *may* highlight opportunities for different ways of working that

could support early supported discharge (ESD) to some extent. It is recognised that any developments in this area would require significant development and planning.

24. Making improvements to the number of patients receiving a six month review is less complex and can be implemented more quickly. There are models in place in some parts of the County and also in neighbouring areas that enable better performance for this clinically important indicator. Delivering improvement in this area would contribute to an improvement in longer term care for stroke patients.

25. There are a number of ways that improvements could be delivered. To ensure that views of service users and carers are reflected in any options that are developed a service and carer engagement exercise will be undertaken. This exercise will take approximately twelve weeks from start to production of a summary report and will include:

- Six focus groups with service users and carers across a range of venues in County Durham
- Discussion with current providers across all care settings
- Opportunity to contribute views via a range of methods

Healthwatch has been approached to help to support this exercise to ensure that it is an independent exercise.

26. Following completion of the engagement exercise a number of options will be developed for consideration by the CCG executive committees. It is suggested that reports are brought back to the scrutiny committee at two points:

- On completion of the engagement exercise to share patient and carer feedback
- Confirmation of the new service model if appropriate

Transition Arrangements

27. Existing services will remain in place until the end of December 2016. This will enable engagement with stroke survivors and carers as the new service is established and appropriate communications with the current service users.

28. It is acknowledged that communication with service users could have been improved in relation to this service. Future communications will be managed jointly between the CCGs and the Stroke Association to ensure that a jointly agreed message that supports any transition arrangements can be communicated as part of an agreed approach to engagement, communication and transition. This will apply to both current service users and also media briefings.