NHS
Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

Bristol Health and Wellbeing Board

Title of Paper:	**Integrated Community Stroke Services**
Author (including organisation):	**Rebecca Sheehy, Bristol After Stroke** **Emma Richards, Sirona care & health**
Date of Board meeting:	**23rd March 2023**
Purpose:	Information and discussion

1. Executive Summary

Stroke care is undergoing significant reconfiguration in the region with the aim to save lives and improve outcomes. The aim is that people should survive and thrive after stroke, that they should receive the best acute care with all the specialisms accessible to you 24/7. There is an integrated community stroke service that supports people home with therapies seven days a week and has the voluntary sector services as part of its team. Bristol After Stroke (BAS) is working in partnership with the Stroke Association (SA), where BAS provides stroke key worker services in Bristol and South Gloucestershire and the SA in North Somerset.

It is the result of several years of development and collaboration and consultation from clinicians, people with lived-experience of stroke, the voluntary sector, social care staff and service managers. It has been based on best practice national guidelines.

This is a huge development in stroke care and represents a pioneering approach. It seeks to address health service inequities across the region and health inequalities. This represents opportunity to respond to the needs of stroke affected people in a truly holistic and meaningful way. It also aims to prevent further strokes through education and monitoring and to prevent strokes in our most vulnerable groups through health education.

Life after stroke needs has been considered and six month reviews set as a priority in this model. However it is recognised[1] that long term community-based support available for people affected by stroke is also key to supporting people to help them achieve their personalised goals and reduce future risk of stroke and development of further care and support needs.

BAS for example receives funding for group physiotherapy programmes, stroke café's, counselling, peer support groups and aphasia groups from South Gloucestershire Local Authority however this is not the case in Bristol. We are seeking the health and wellbeing boards' engagement in how we may achieve equity or parity in Bristol but perhaps also across the whole region ensuring a fully integrated approach to Stroke care and support.

[1] **The Integrated Stroke Delivery Network Service Model for Life After Stroke [NHS England]** identifies the need for Stroke focussed, community-based support.

Purpose of the Paper

We want to raise awareness of;

- the reconfiguration of stroke services in the region and in particular the integrated ways in which we are working between health and social care and the voluntary sector
- the opportunities that the current stroke reconfiguration model brings to improve outcomes for people with stroke.
- how working in an integrated way is of huge benefit and is pioneering in its approach.
- the ways in which we would like the health and wellbeing board to support this work further in our community to ensure the impact of the work is further embedded and capitalised on.

2. Background, evidence base, and what needs to happen

Clinicians, people with lived-experience of stroke, voluntary sector workers, social care staff and service managers have been working together to redesign the stroke service provided to people in BNSSG[2]. This is based on robust evidence, national recommendations and consensus including the RCP stroke guidelines[3], NICE guidelines[4], the National Stroke Model[5]

The vision is for equitable and expert care at home, in hospital and in the community – wherever you live in BNSSG. **Stroke Reconfiguration will mean**;

A Hyper Acute Stroke Unit at Southmead – if you have a stroke anywhere in the region you will be treated at Southmead where you will be able to access all treatments e.g. thrombectomy and thrombolysis 24/7.

2 Sub Acute Units one in South Bristol Community Hospital the other in Weston Super Mare. These will provide bedded rehabilitation for those unable to return directly home.

An Integrated Community Stroke Service across the region providing 7 day a week therapy and support at home allowing for patients to return home earlier from hospital and be treated closer to home. There is not a set length of time they will work with you and once discharged patients are able to be referred back if they have ongoing goals relating to their stroke. The aim of the team is to improve independence and quality of life, reduce the need for long term social care and support people home from hospital as soon as possible.

Life After Stroke - Key worker service offering

- initial assessment and six month reviews to stroke patients, supporting them to access support early and systematically. In reach into hospitals and part of multi disciplinary meetings.
- Communication workshops for people with aphasia – these are workshops that offer information and communication practice and confidence building.

---

[2] Stroke services consultation - BNSSG Healthier Together

[3] Royal College of Physicians (2016) National Clinical Guideline for Stroke https://www.rcplondon.ac.uk/guidelines-policy/stroke-guidelines

[4] National Institute for Health and Care Excellence (2013) NICE Stroke rehabilitation in adults https://www.nice.org.uk/guidance/cg162

[5] stroke-integrated-community-service-february-2022.pdf (england.nhs.uk)

3. Community/stakeholder engagement

Describe engagement with communities and other stakeholders, and any co-production.

BAS has been working alongside Sirona, clinicians, social care, VCS groups and people with lived experience to design the reconfiguration and the service specification. BAS and Sirona are also represented on the Bristol Stroke HIT (Bristol Health Partners), the South West Integrated Stroke Delivery Network and BAS is part of the Bristol Ageing Better Alliance.

The development of the new stroke pathway also gained the views of the general public and members of a diverse range of communities in our area as part of a public consultation.

4. Recommendations

Board members are asked to consider how they can support a commitment to an integrated model of stroke care through into the community. We would like to see similar long term stroke specific support and wellbeing services in Bristol and the region achieve the aim of embedding outcomes achieved and supporting people in the longer term.

City Benefits

Outline how this proposal benefits the city and improves outcomes for Bristol citizens; specifically highlight impacts for Equalities, Health and Sustainability.

Bristol citizens benefit from improved outcomes after stroke – improved wellbeing, independence, prevention of further stroke and care needs.

Those with the greatest levels of social deprivation experience strokes approximately five years earlier in their lives, compared to the least deprived. Addressing the needs of stroke affected people will particularly address those most in need in our city and proactively support them. Being able to work closely with the diverse communities in Bristol will mean equal accessibility to the services that we provide longer term for people after a stroke.

The incidence of stroke is set to rise over the next 30 years as is the number of people surviving Stroke. Stroke is a significant contributor to health inequalities. Improving the outcomes of people living with stroke will contribute to reduced impact on health and social care needs. For example, the JSNA demonstrates that anxiety and depression are the most impactful conditions in BNSSG. Lack of stroke specific community support could add to the economic and social care burden of stroke in our community.

Stroke specific community services support rehabilitation and the emotional, social and practical impact of stroke. This helps ensure people live full lives, reducing the risk of further stroke, improving independence and wellbeing and therefore reduce the impact on healthcare, social care and the wider economy.

5. Financial and Legal Implications

Include if applicable.

5. Appendices

Appendices

Problems stroke affected people face

Stroke can affect walking, talking, speech, balance, co-ordination, vision, spatial awareness, swallowing, bladder and bowel control. It can affect cognition by causing problems with short-term and long-term memory processing and recall, personal risk assessment, and initiation and motivation.

- **Stroke is considered to be the most common cause of complex disability.[6]**
- **A third of all stroke affected people have aphasia; a communication difficulty that affects your ability to speak, understand, read and or write**. [7]

Stroke survivors are vulnerable to experiencing depression or anxiety.

With their consent, BAS has screened new referrals, applying the PHQ 9 scale for depression and GAD 7 scale for anxiety**.**

In 2019/21: 80% recorded some level of depression; 45% were moderately to severely depressed; and 54% were anxious with 29% moderately to severely anxious.

Unfortunately, psychological problems after stroke are associated with increased mortality, poor functional outcome, poor social outcomes and lower quality of life. Psychological distress in turn increases recourse to statutory services and increases costs to the public sector.

Research has shown that:

- One in five stroke survivors in the South West say having a stroke cost them their job, 4% say it caused their relationship to end and 5% even lost their home
- Across the UK, over half of younger stroke survivors under the age of 50 say they have never emotionally recovered from their stroke.

Stroke Association – Hope after stroke

A key factor in preventing low mood and associated health issues (for stroke survivors and their carers), is to maintain as far as possible their social engagements and networks, or to build new networks as necessary, and to carry on their lives as normally as possible, which Bristol After Stroke helps to tackle.

Social isolation

- Over a third of stroke survivors in the UK are dependent on others [8]
- 40% of stroke survivors reported relationship problems and breakdowns and feel friends and family treat them differently. [9]

---

[6] Is stroke the most common cause of disability?
Joy Adamson 1, Andy Beswick, Shah Ebrahim 2004
[7] Stroke Association: state of the nation 2017
[8] Stroke Association; state of the nation 2017
[9] Stroke Association: state of the nation 2017

Employment and Financial issues

- Nearly 70% of working age stroke affected people are unable to return to work.

The outcome for many affected by disabilities and difficulties after stroke is a decrease in household income and an increase in household expenses such as heating and transport.[10] Leaving people in a dire situation.

Statistics and local information

- Stroke is the fourth biggest killer in the UK and a leading cause of adult disability.
- There are more than 100,000 strokes in the UK each year.
- Around 18, 000 people or 1 in 50 in BNSSG live with the long-term consequences of stroke.
- The majority of these live in Bristol.
- Two thirds of stroke survivors leave hospital with a disability.
- Those with the greatest levels of social deprivation experience strokes approximately five years earlier in their lives, compared to the least deprived.
- The incidence of stroke is set to increase as is the number of people surviving stroke.
- Incidence of stroke is increasing in younger age groups – 35% of strokes happen to people of working age. This has particular relevance to the population of Bristol. [11]

The cost of stroke – from BNSSG Stroke Services Reconfiguration Program Decision Making Business Case, January 2022

The average cost per person in the first 12 months after stroke is £45,409 including health, social care and informal care costs, plus £24,778 in each subsequent year. It has been projected that the overall costs of stroke in the UK for those aged 45 years and over will increase by almost 200% by 2035. This is as a result of an aging population, rising life expectancy, improving treatments, improving stroke survival rates and increasing costs of care provision which is highly labour intensive. The projected increase is highest for social care because of high use of social care in late old age by survivors of severe strokes. However, the cost of informal care provided by family and friends is also a significant driver of increasing costs and economic burden to society.

[10] Stroke Association: Short-changed by stroke; The Financial Impact of stroke on people of working age. (2012)

[11] Stats from BNSSG Stroke Services Reconfiguration Program Decision Making Business Case, January 2022