AGENDA ITEM NO 12

REPORT NO IJB 37/23

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 21 JUNE 2023

ANGUS AND DUNDEE STROKE REHABILITATION PATHWAY REVIEW

GAIL SMITH, CHIEF OFFICER

ABSTRACT

This report provides the Integration Joint Board (IJB) with an update of progress made to redesign the Dundee and Angus Stroke Rehabilitation Pathway. The development of the pathway emphasises the support and commitment to delivering effective, high quality, specialist care within the community setting. The pathway links directly to priority areas three and four of the Angus HSCP Strategic Commissioning Plan 2023-2026 (Summary) and to multiple priorities within the National Health and Wellbeing Outcomes. This pathway work outlines the planned establishment of a person centred, stroke specific community rehabilitation pathway which aligns to feedback received from patients and their families and the national Progressive Stroke Pathway.

1. RECOMMENDATIONS

It is recommended that the IJB:-

(i) Acknowledges the work completed to date.

(ii) Supports the direction to merge further work with the wider Tayside Neuro/Stroke Pathway.

(iii) Agrees the financial implications and how this will be managed by the AHP service.

2. BACKGROUND

On 25 August 2021 the IJB supported and approved the proposal for Angus residents to receive home based Stroke Rehabilitation where appropriate (IJB 46/21). Approval was given in October 2022 by the Angus IJB (IJB 10/22) for the closure of Ward 7 Stroke Rehabilitation Unit at Stracathro Hospital and the subsequent transition of the in-patient beds to the Royal Victoria Hospital (RVH), Dundee. Approval was given to the redesigned service delivery and financial model of the inpatient pathway. Feedback was requested around new pathway of care, and this can be found in Appendix 1.

The aim of this pathway was to deliver person centred, specialist in-patient rehabilitation where required and would include rehabilitation at home where clinically possible. Due to the completion of the service delivery inpatient model as part of this Dundee and Angus stroke pathway, we now have a small established, stroke specific Allied Health Professional (AHP) community rehabilitation team delivering specialist stroke rehabilitation at home or within a community setting.

3. CURRENT POSITION

It was originally envisaged that the development of community services and the consequent shift in activity from an inpatient to outpatient environment would allow a reduction in inpatient beds required for patients following a stroke. However, data from the NHS Tayside business unit, the Scottish Stroke Care Audit and Public Health all indicate an increasing incidence of

stroke, not only within Tayside, but across Scotland over the past 5 years. There is no clear understanding at present if this is likely to reduce. Therefore, there would have been a need to increase provision of stroke rehabilitation due to increased demand rather than keep the level of provision static. It also means that it is unlikely that a bed reduction will be possible but conversely if community models are not created then an increase in beds would be needed. The increasing demand means that no model is cost neutral.

4. PROPOSALS

To deliver a community-based service, a community-based model will require consideration which will help this to be fully delivered. This will be developed through the new Tayside Neuro/Stroke Pathway work which has been initiated and where Angus is represented. In line with the urgent and unscheduled care collaborative, the aim of this Tayside group, in conjunction with the HSCP's, will be to develop and implement a rehabilitation pathway for stroke and neuro patients with equitable access to in-patient and community rehabilitation, reducing length of stay and delayed discharges while increasing the number of people accessing rehabilitation and improved patient experience and outcomes.

5. FINANCIAL IMPLICATIONS

As previously noted in report 71/21 the next stage of the stroke pathway redesign was to look at further resource investment into Allied Health Professionals (AHP) community rehabilitation model to facilitate an inpatient bed reduction through early supported discharge.

Although it was envisaged the stroke pathway redesign would reduce inpatient beds and this resource would be redirected into AHP community rehabilitation model this has not happened as there continues to be an increase incidence of stroke in Tayside with activity rising.

As part of the organisation process a small number of AHP staff were displaced and as such Angus accelerated with the community rehabilitation workforce model and introduced substantive posts in advance of phase 2 completion of the stroke pathway redesign.

In total the cost of the current AHP community workforce model, including these substantive posts is c£0.41m with a recurring budget available of c£0.29m resulting in a recurring net increase in costs of £0.12m as detailed in Table 1 below.

Table 1 Financial Implication	**wte**	**£m**
Physiotherapy	3.43	0.17
Occupational Therapist	3.08	0.14
Speech Language & Therapy	1.60	0.10
Total Revenue Costs	8.11	0.41
Total Revenue Funding		0.29
Net Financial (Shortfall)		**(0.12)**

Within the IJB Strategic Financial Plan it is assumed any service pressure will be managed through mitigation of pressures or, where there is no additional funding for the likes of substantive posts, through the local re-prioritisation of existing resources. In this case, it is anticipated that total local AHP resources will be re-prioritised to meet and absorb this new priority. The IJB will increasingly see instances where new, emerging priorities have to be managed within existing resources rather than work on an expectation of additional resources being available.

Considerations:
The proposed changes may impact service delivery models out with the named services within this report. Work is ongoing to engage and determine potential impact for example within community nursing and care at home, enablement response teams. Funding has been received within both partnerships in relation to capacity and flow to support transitions of care, but further work will need to be done to establish current capacity. While Psychological therapies/Neuropsychology have been out of scope of this pathway work, there is work ongoing for a Tayside review overall (not just stroke specific). Within these services there is no specific funding for stroke.

6. RISK

The following risk has been identified through the pathway work and articulated to demonstrate the risk exposure, scored against a risk matrix (Impact//Likelihood) in the following table. Mitigating factors have been taken into consideration in the formulation of the risks:

Risk Description	Failure to deliver adequate levels of community-based rehabilitation for adults on the Neuro/Stroke Pathway and support capacity and flow through acute and rehabilitation in-patient units.
Risk Category	Clinical, Operational, Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (High)
Mitigating Actions	• Small community resource in place for AHP services (transitioned staff) with potential to increase and encompass other community services • Potential guardianship changes in legislation (around 13ZA) and subsequent increased awareness in power of attorney procedures to reduce delayed discharges/length of stay • Develop pathways of care to help reduce length of stay and source funding opportunities for development of community services from across Neuro and Stroke pathways
Residual Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12 (Low to High)
Target Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (Low to High)
Approval Recommendation	Given our developed understanding of the situation and in line with the IJB's risk appetite, the risk is deemed to be low

7. OTHER IMPLICATIONS (IF APPLICABLE)

Not applicable.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is required and is detailed in Appendix 2.

9. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans, and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	**Direction to:**	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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List of Appendices

Appendix 1: Feedback Infographic
Appendix 2: EQIA

Appendix 1


DUNDEE & ANGUS STROKE PATHWAY
STROKE REHABILITATION
Patient, family and carers feedback summary
1
DIGNITY & RESPECT
94% agreed they were treated with dignity & respect
" Dignity with a dash of humour"
6% disagreed "staff had so little time"
2
WHAT'S IMPORTANT TO ME
91% agreed that staff had time to talk about issues that were important to me
"Staff always took time to answer questions"
9% disagreed "Mother couldn't communicate and some nurses weren't interested in speaking"
3
INVOLVED & SUPPORTED
91% agreed they were involved and supported in decisions about future care, goals & expectations
" We had a meeting with the family to plan discharge etc., Given verbal support and literature"
9% disagreed "I don't know if I had a named nurse"
4
COMMUNICATION
82% agreed that they felt prepared and involved in discharge planning
"Family meeting was helpful as I depend on family for support" "Yes, but didn't know it would be this hard"
18% disagreed "A list of who would be in touch would have been helpful"
5
REHABILITATION
82% agreed they felt involved and supported in ongoing rehabilitation
"Amazed at how much help I'm getting"
18% disagreed "No rehabilitation"
RESPONSES
Sample of 33 responses: 18 patients from RVH (Dundee & Angus)
7 Angus patients (all localities)
11 Dundee patients