

Agenda item:

**[No.]**

**Overview and Scrutiny Committee**

**On 1<sup>st</sup> December 2008**

Report Title:

**Scrutiny Review on Stroke Prevention in Haringey Scoping Report**

Report authorised by:

**Cllr Winskill, Chair of the Scrutiny Panel**

Contact Officer:

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Wards(s) affected: **N/A**

Report for: **[Key / Non-Key Decision]**

**1. Purpose of the report (That is, the decision required)**

**1.1** To approve the scope and terms of reference for the Scrutiny Review on Stroke Prevention in Haringey.

**2. Introduction by Cabinet Member (if necessary)**

2.1 N/A

### **3. State link(s) with Council Plan Priorities and actions and /or other Strategies:**

3.1 The Stroke Prevention Scrutiny Review links to the Council Priorities of:

- Priority 3 Encouraging lifetime well-being, at home, work, play and learning
- Priority 4 - Promoting independent living while supporting adults and children when needed

3.2 The Stroke Prevention Scrutiny Review links directly to the following Council Strategies:

- Community Strategy
- Council Plan
- Wellbeing Strategic Framework
- Local Area Agreements

### **3.3 Local Area Agreement and the Life Expectancy Plan**

3.3.1 The Government has set a Public Health Service Agreement target to address geographical inequalities in life expectancy, cancer, heart disease, stroke and related diseases. The targets aim to see faster progress compared to the average in the 'fifth of areas with the worst health and deprivation indicators'.<sup>1</sup>

3.3.2 The localities which are in these areas are called the Spearhead Group, of which Haringey is one.

3.3.3 In November 2006 the London Health Observatory published a Health Inequalities forecast considering whether the targets outlined above would be met. It found that if current trends continued in Haringey then the target for strokes would **not** be met<sup>2</sup>.

3.3.4 The National health inequalities target for stroke is to "*substantially reduce mortality rate by 2010 from heart disease and stroke and related diseases by at least 40% in people under 75, with a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole*"<sup>3</sup>.

### **Reducing inequalities in Life Expectancy in Haringey - Actions for the Haringey**

<sup>1</sup> London Health Observatory

<sup>2</sup> The London Health Inequalities Forecast, London Health Observatory, 2006

<sup>3</sup> The London Health Inequalities Forecast, London Health Observatory, 2006

### ***Strategic Partnership***

#### **Objective: (inc. PSA & local targets) DH PSA1**

Reduce mortality rates from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between Haringey and the population as a whole.

#### **4. Recommendations**

- 4.1** That the scope of the review be approved.
- 4.2** That the Terms of Reference of the review be approved.

#### **5. Reason for recommendation(s)**

- 5.1** A summary of the background material which the Review Panel have used to determine the scope of the report is contained in section 7.0.
- 5.2** The scoping report has been approved by the Stroke Prevention Panel.

#### **6. Other options considered**

- 6.1** N/A

## **7. Summary**

### **7.1 Reason for the review**

7.1.1 In April 2008 a report was submitted to the Overview and Scrutiny Committee considering the feasibility of undertaking an in-depth review into stroke services in Haringey. Based on this report, the Committee commissioned a scrutiny review into stroke prevention services in Haringey.

7.1.2 The report highlighted a number of national concerns including:

- “Poor identification of stroke risk factors (i.e. hypertension) in the community
- Variable support and management of those with underlying stroke risk factors
- Poor access to emergency brain scans (no hospitals in London met the target of 90% within 24 hours).<sup>4</sup>
- Poor prevention rates

### **7.2 Key Policy**

7.2.1 In December 2007 the Department of Health published the National Stroke Strategy. Stroke is the single largest cause of adult disability in the UK. This strategy sets out key objectives and quality markers to improve stroke services in England and Wales in all patient pathways, including prevention.

7.2.2 Included in the Strategy is a ten point action plan directed at local areas, three actions are specifically related to prevention:

- “Awareness: what action is your local area taking to improve public and professional awareness of stroke symptoms?
- Preventing stroke: how effectively is your area supporting healthier lifestyles and taking action to tackle vascular risk.....
- Acting on the warnings: ....has your local area put in place a system that responds quickly to people who have had a TIA<sup>5</sup>” (Transient Ischaemic Attack).
- Rehabilitation and community support .... Ensuring that health, social care and voluntary services together provide the long-term support people need .... Is commissioning and planning integrated across the whole care pathway?
- Workforce ..... has your local area undertaken a local needs assessment and developed a workforce action plan?

It is proposed that during the course of this review, these actions are considered.

7.2.3 The Strategy also refers to a number of Quality Markers, which will provide a useful framework for points to be considered during the review. Specific to this

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<sup>4</sup> Feasibility Study for a Scrutiny Review of stroke services in Haringey, Haringey Council, April 2008

<sup>5</sup> National Stroke Strategy, Department of Health, December 2007

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- <sup>6</sup> Stroke: National clinical guidelines for diagnosis and initial management of acute stroke and transient ischaemic attack (TIA), National Institute for Health and Clinical Excellence, July 2008
- <sup>7</sup> [www.healthcareforlondon.co.uk](http://www.healthcareforlondon.co.uk)
- <sup>8</sup> London Health Observatory
- <sup>9</sup> The London Health Inequalities Forecast, London Health Observatory, 2006
- <sup>10</sup> The London Health Inequalities Forecast, London Health Observatory, 2006
- <sup>11</sup> North Central London Collaborative Commissioning Initiatives 2007/8-2011/2, North Central London Collaborative Commissioning Group, 2007
- <sup>12</sup> North Central London Collaborative Commissioning Initiatives, page 33
- <sup>13</sup> North Central London Collaborative Commissioning Initiatives, page 34
- <sup>14</sup> Well-being Strategic Framework, Haringey Council, Haringey Teaching Primary Care Trust and Haringey Association of Voluntary and Community Organisations, 2007
- <sup>15</sup> Haringey Well-being Strategic Framework Implementation Plan 2007-2010, Haringey Council
- <sup>16</sup> Local Authority Circular Reference 9798, Department of Health, May 2008
- <sup>17</sup> Greater London Authority, Population Projections, 2006
- <sup>18</sup> London Health Observatory, Healthcare for London Presentation
- <sup>19</sup> Stroke Association, Healthcare for London event

piece of work are the following:

- Quality Marker 1. Awareness raising – recognising the signs of stroke
- Quality Marker 2. Managing risk – effective assessment and management of vascular risk factors, together with improving information and advice on lifestyle and treatment options
- Quality Marker 3 & 4 – improving information, advice and support, and involving individuals and their carers in developing and monitoring services.
- Quality Marker 5. Assessment – referral to specialist (specifically related to minor strokes and TIAs).
- Quality Marker 6. Treatment (specifically relating to the follow up of patients within one month).
- QM15 and 16 –opportunities to participate in community life and to return to work (secondary prevention)
- QM 20 – research and audit.

7.2.4 To support the implementation of the National Stroke Strategy, the NHS Stroke Improvement Programme was launched. The aim of this programme is to assist in the establishment of Stroke Care Networks who will assist in the delivery of the strategy.

7.2.4.1 The North Central London Cardiac Network (NCLCN) was delegated to take a lead role in establishing a stroke care network across the North Central London NHS sector (covering Haringey, Barnet, Camden, Enfield, and Islington).

7.2.5 In July 2008, The National Institute for Health and Clinical Excellence (NICE) published clinical guidance on the diagnosis and initial management of acute stroke and TIA. This guidance covers:

- The recognition and fast diagnosis of a stroke or TIA.
- When a person should have a brain scan
- Drug treatment and surgery for those who have had a stroke<sup>6</sup>.

### **7.3 Healthcare for London**

7.3.1 In December 2006 the London Strategic Health Authority commissioned Professor Lord Darzi to write a strategy aimed to meet Londoners health needs over the next ten years, the result of this work was 'A Framework for Action' which was published in July 2007 outlining how healthcare in London needed to change in order to meet Londoners needs. Five key principles emerged from this report including the principle that 'Prevention is better than cure<sup>7</sup>'

7.3.2 Stroke pathways have been highlighted as a priority in this work and a number of acute pathway models are being considered. The work of this review will need to take this into account and ensure that any recommendations made will complement the wider work being done on stroke care. This includes the (unlikely)

possibility of Haringey having a Hyper Acute Stroke Unit, where all stroke patients within North Central London would be taken by ambulance. It is anticipated that larger hospital centres will be designated as Hyper Acute centres through a tender and designation process.

#### **7.4 Spearhead Authorities**

7.4.1 The Government has set a Public Health Service Agreement (PHSA) target to address geographical inequalities in life expectancy, cancer, heart disease, stroke and related diseases. The targets aim to see faster progress compared to the average in the 'fifth of areas with the worst health and deprivation indicators.'<sup>8</sup> The localities which are in these areas are called the Spearhead Group, of which Haringey is one.

7.4.2 In November 2006 the London Health Observatory published a Health Inequalities forecast considering whether the targets outlined above would be met. It found that if current trends continued in Haringey then the target for strokes would not be met.<sup>9</sup>

7.4.3 The National health inequalities target for stroke is to "substantially reduce mortality rate by 2010 from heart disease and stroke and related diseases by at least 40% in people under 75, with a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole"<sup>10</sup>. This target forms part of Haringey's Local Area Agreement (LAA) and the Life Expectancy Action Plan (LEAP).

**7.5** The North Central London Collaborative Commissioning Group (NCLCCG) consists of representatives from Barnet, Camden, Enfield, Haringey and Islington Primary Care Trusts and focuses on joint commissioning for the above boroughs. The NLCCG has recently published the North London Collaborative Commissioning Paper<sup>11</sup> which amongst other things sets out its priorities for stroke care. This includes "A requirement for assurance that the current emergency response (including thrombolysis) for stroke meet the required standards"<sup>12</sup>.

7.5.1 The paper also notes that of the group Haringey has the highest mortality rate in the sector for all age groups and is also amongst the highest for those within the 64-75yr age group, with rates higher than those for England and Wales<sup>13</sup>.

**7.6** The Well-being Strategic Framework<sup>14</sup> brings together the range of activities and targets across the partnership which aim to improve the well-being of residents from 18 years of age. Alongside the Framework is an implementation plan<sup>15</sup> with a number of outcomes and targets. Including in this, and pertinent to this piece of work is the following priority:

- Improve access to effective primary, community and other health care services

#### Supporting Programmes/Initiatives:

- Improve equity in the management of disease leading to premature mortality by:
  - Ensuring that practice-based disease registers are complete and accurately maintained
  - Ensuring that clinical management of patients with high blood pressure, high blood cholesterol, heart failure and diabetes is based on national guidelines and the needs of patients, including those with mental health problems.
  - Ensuring equitable provision of improved facilities to promote healthy lifestyles for the residents of Haringey, including improved leisure facilities, exercise on prescription programmes, subsidised weight management programmes within schools and local leisure centres.
  - Raising awareness among the local populace of the risks of stroke, and raising the profile of healthy lifestyles.

### 7.7 Local Context

7.7.1 The Department of Health has allocated Haringey £92,000<sup>16</sup> per annum over the next three years to assist in the implementation of the National Stroke Strategy. This funding is ring-fenced for stroke care, although not specifically for preventative work. Work is currently taking place to allocate this funding and it is envisaged that this funding will include a jointly funded Stroke Coordinator post for Haringey. This role will assist known stroke patients in sign-posting them to appropriate social services. However additional investment may be needed for awareness campaigns, establishing improved leisure facilities in Haringey, implementing exercise on prescription programmes etc.

7.7.2 As highlighted in the Feasibility report there are factors associated to strokes which are relevant to Haringey:

- Age – Haringey has an aging population. The number of people aged 65 years plus in Haringey is projected to rise from 20,400 in 2008 to 23,300 in 2025. This includes an increase in those who are 85 years old and above from 2,140 in 2008 to 2,692 in 2025<sup>17</sup>. The risk of having a stroke increases with age.
- Ethnicity - There is a greater prevalence of hypertension among black and other ethnic minority populations which may place these communities at greater risk of stroke.<sup>18</sup> Given the ethnic diversity of Haringey's population this is of significance for local preventative strategies.
- Transience and GP registration – Haringey has a highly transient population. This has an impact on the ability of primary care services to monitor patients at risk of a first or recurrent stroke.
- Deprivation/poor housing – Haringey is a borough recognised for having wards with high deprivation levels. There is an acknowledged correlation between



high levels of deprivation and the associated risk of stroke and/or heart disease.

- Leisure facilities – due to the demographic make-up of the local communities in Haringey, improved access to leisure facilities, weight management programmes, smoking cessation services all contribute to addressing the burden of stroke prevalence within Haringey.
- Community based anti-coagulation services – ensuing effective identification and management of residents having Atrial Fibrillation and supporting the use of community-based anti-coagulation clinics (e.g. within community pharmacies).

## **7.8 The Review**

7.8.1 Taking into account the above, and discussions with various stakeholders, it is proposed that the review will have three strands:

- Well-being Agenda
- Primary Prevention
- Secondary Prevention

Within these strands it is proposed to consider;

- Housing, and
- Deprivation, for example health inequalities across the borough.

## **7.9 Well-being agenda**

7.9.1 The objective of the well-being agenda is prevention and independence. There are a number of activities which take place across the borough relating to improving the well-being of residents. These activities are underpinned by a number of strategies and priorities pulled together in the Well-being Strategic Framework.

7.9.2 The review intends to consider the activities currently taking place across the borough and the future plans associated with this agenda which have an impact on stroke prevention.

7.9.3 The review also intends to look at how the messages about well-being are being put out to people both internally and externally, with a view to assessing the impact that this is making.

## **7.10 Primary Prevention (first event)**

7.10.1 The Stroke Association has stated that 40% of strokes could be prevented with the monitoring and treatment of hypertension<sup>19</sup> (high blood pressure). Therefore the review aims to investigate what is being done to monitor hypertensive patients and to control their blood pressure and what the barriers are to increasing the number

of people being monitored and treated.

7.10.2 This will include work to look at what services are currently being provided across the borough with a view to identifying any gaps in service provision.

### **7.11 Secondary Prevention (reoccurrence)**

7.11.1 Those people who suffer a minor stroke or a Transient Ischaemic Attack are more likely to suffer another stroke, therefore the monitoring and treatment after an initial stroke are vitally important in preventing a further stroke.

7.11.2 The Quality and Outcomes Framework (QOF), is an annual voluntary reward and incentive programme for GPs which was introduced with the new GP contract (nGMS) in 2004. In the QOF there are specific targets relating to strokes, the most relevant being targets relating to Stroke Registers which are aimed at monitoring and managing risk, and the management of hypertensive patients through regular monitoring.

7.11.3 Statistics have shown a variance in the percentage of patients on a Stroke register receiving stated checks across Haringey:

<b>Management of stroke &amp; TIA in Haringey 2006/7</b>		
	<b>Haringey % / No.</b>	<b>General Practice variance across Haringey No/%</b>
<b>Patients on stroke register</b>	0.8% (2,259)	0.1%-2.0%
<b>Stroke Patients BP Check in past 15 months</b>	96.8% (2,118)	82.4% - 100%
<b>Stroke Patients cholesterol checked in past 15 months</b>	88.9% (1,870)	64.3-100%
<b>Stroke Patient with anti platelet /anti coagulant</b>	93.2% (1,091)	50-100%

Source: GPContract.co.uk

7.11.4 The review aims to investigate what the barriers are for GPs monitoring patients on stroke registers.

### **7.12 Exclusions**

7.12.1 This review will not be looking at acute stroke services or rehabilitation services, but it will consider aspects of secondary prevention among local residents with stroke (secondary prevention). To maximise the benefits of the review it is important that the review remains focused on prevention. However, there are aspects of these pathways which will have to be borne in mind so that outcomes of

this piece of work complement work being done in these areas under the wider Health Care for London work.

7.12.2 The importance of these areas is recognised and therefore if sufficient evidence comes to light on these areas during this review then they may be considered for a further in-depth review at a later date subject to Overview and Scrutiny Committee.

### **7.13 Terms of Reference**

7.13.1 The review terms of reference:

“To review stroke prevention services in Haringey to consider their effectiveness in preventing strokes. In particular looking at well-being activities, primary prevention and secondary prevention across health, social care and the voluntary sector with a view to making recommendations for the improvement of stroke prevention services.”

7.13.2 Specific Objectives of the review to:

- gauge stroke prevention services against markers and actions in the National Stroke Strategy
- consider barriers in GPs treating patients for hypertension and recording all stroke patients on Stroke Registers
- consider the impact of the well-being agenda on stroke prevention
- make recommendations to improve stroke prevention services
- consider services in Haringey against best practice as laid out in the NICE guidance
- make recommendations to improve policy and practice.

### **7.14 Sources of Evidence:**

7.14.1 Evidence will be collated from a range of sources including:

- Haringey Teaching Primary Care Trust
- Discussion with GPs
- Voluntary and Community Sector
- Adult, Culture and Community Services Directorate
- Local intelligence
- Government statistics

### **7.15 Members of the Review Panel**

Councillor Winskill                      Chair  
Councillor Alexander  
Councillor Mallett  
Councillor Vanier

Melanie Ponomarenko Scrutiny Research Officer, Overview and Scrutiny Service

## 7.16 Stakeholders

Adrian Hosken	Haringey Teaching Primary Care Trust
Lisa Redfern	Adult, Culture and Community Services
Barbara Nicholls	Adult, Culture and Community Services
Robert Edmonds	Age Concern Haringey
Jinty Wilson	North Central London Cardiac and Stroke Network
Homaira Sofia Khan	Stroke Association
John Murray	Different Strokes
Dr Manheim	General Practitioner
Dr Pandya	General Practitioner
Dr Luder	Consultant Physician
Jeanette Gedge	Consultation Manager

Local Involvement Networks

## 7.17 External Advisor

7.17.1 Input and expert advice for the review will be provided by Dr Luder, a Consultant Physician (Medicine for the Elderly and Stroke) at the North Middlesex Hospital, Dr Manheim, a local General Practitioner and Dr Pandya, a local General Practitioner and member of the Professional Executive of the Teaching Primary Care Trust.

## 7.18 Scrutiny Process

- 7.18.1 Exact timescales for the review process have yet to be confirmed, however it is anticipated that this review will be completed before the end of the municipal year.
- 7.18.2 It is anticipated that there will be between four and six panel meetings to collect evidence from various stakeholders.
- 7.18.3 Panel members may wish to hold panel meetings in informal settings, for example within voluntary sector buildings, to enable wider engagement in the scrutiny process and to enable members to visit sites that provide services for older people.
- 7.18.4 *Initial Draft* panel meeting items are as follow:

### Meeting 1 – Overview and Context setting

- What is a stroke?
- What causes a stroke?
- Prevalence
- Haringey Issues
- Policy Context
- Discussion of Scoping report

### Meeting 2 – Primary and Secondary prevention

- What is currently available?
- Primary prevention
- Secondary prevention
- Feedback from GPs

#### Meeting 3 – Well-being agenda

- Impact/are messages getting out to public and staff
- What is currently being done?
- What services are currently available?
- Impact of poor housing

#### Meeting 4 – Partnerships

- How are different services co-ordinating their services?
- What could be done better and how?
- Evidence from 3<sup>rd</sup> sector

#### Meeting 5 – Draft Report

- Conclusions and recommendations
- Evaluation of the review

#### 7.18.5 In addition it is proposed:

- That a focus group is run with GPs to gain an understanding of their perspectives, what they feel could be done better and what barriers there are with recording and monitoring stroke patients.
- That the panel visit Whittington Hospital and North Middlesex Hospital to view the stroke service taking place there.

## **8. Chief Financial Officer Comments**

8.1 The views of Finance have not been solicited at this stage. It is anticipated that any

financial implications will be identified during the review process and highlighted within the concluding review report.

## **9. Head of Legal Services Comments**

9.1 The views of Legal Services have not been solicited at this stage. It is anticipated that any legal implications will be identified during the review process and highlighted within the concluding review report.

## **10. Head of Procurement Comments –[ Required for Procurement Committee]**

10.1 N/A

## **11. Equalities and Community Cohesion Comments**

11.1 As outlined in the main body of this report, there are inequalities in the prevalence of stroke dependent upon:

- Age – Haringey has an aging population.
- Ethnicity - There is a greater prevalence of hypertension among black and other ethnic minority populations which may place these communities at greater risk of stroke.<sup>20</sup>
- Transience and GP registration – Haringey has a highly transient population.
- Deprivation/poor housing – Haringey is a borough recognised for having wards with high deprivation levels.

11.2 There are also inequalities between Haringey and England as a whole.

11.3 Both of the above aspects will be considered through the course of this review.

## **12. Consultation**

12.1 This report has been written in consultation with:

- The Scrutiny Panel
- Adult, Culture and Community Services Directorate
- Haringey Teaching Primary Care Trust
- Different Strokes
- North Central London Cardiac and Stroke Network

## **13. Service Financial Comments**

<sup>20</sup> London Health Observatory, Healthcare for London Presentation

13.1 This review will be carried out within the current resources of the Overview and Scrutiny Service.

13.2 Any financial implications of the final report will be covered within that report.

#### **14. Use of appendices /Tables and photographs**

14.1 N/A

#### **15. Local Government (Access to Information) Act 1985**

- a. Feasibility Study for a Scrutiny Review of stroke services in Haringey, Haringey Council, April 2008
- b. National Stroke Strategy, Department of Health, December 2007
- c. Stroke: National clinical guidelines for diagnosis and initial management of acute stroke and transient ischaemic attack (TIA), National Institute for Health and Clinical Excellence, July 2008
- d. London Health Observatory
- e. The London Health Inequalities Forecast, London Health Observatory, 2006
- f. North Central London Collaborative Commissioning Initiatives 2007/8-2011/2, North Central London Collaborative Commissioning Group, 2007
- g. Well-being Strategic Framework, Haringey Council, Haringey Teaching Primary Care Trust and Haringey Association of Voluntary and Community Organisations, 2007
- h. Haringey Well-being Strategic Framework Implementation Plan 2007-2010, Haringey Council
- i. Local Authority Circular Reference 9798, Department of Health, May 2008
- j. Greater London Authority, Population Projections, 2006
- k. London Health Observatory, Healthcare for London Presentation
- l. Stroke Association, Healthcare for London event
- m. [www.healthcareforlondon.co.uk](http://www.healthcareforlondon.co.uk)
- n. [www.stroke.org.uk](http://www.stroke.org.uk)