

Agenda item:

**[No.]**

**Overview and Scrutiny Committee**

**On 20<sup>th</sup> April 2009**

Report Title: **Scrutiny Review of Stroke Prevention**

Report of: **Councillor Winskill, Chair of the stroke prevention review panel**

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Wards(s) affected: **All**

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

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

- 1.1. That the Overview and Scrutiny Committee approve the recommendations laid out in the attached report.

**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. This review links with the Sustainable Community Strategy<sup>1</sup> outcome of:

- Healthier people with a better quality of life

3.2. This review relates to the Council Plan<sup>2</sup> priorities of:

<sup>1</sup> Sustainable Community Strategy 2007-2016, Haringey Council

<sup>2</sup> Haringey Council Plan 2007-2010, Haringey Council

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

3.3. The review also relates to the Local Area Agreement<sup>3</sup> target “NI 121 Mortality rate from all circulatory diseases at ages under 75” which aims to reduce the number of people dying of circulatory disease in Haringey.

3.4. In December 2007 the Department of Health published the National Stroke Strategy. This strategy sets out key objectives and quality markers to improve stroke services in England and Wales in all patient pathways, including prevention.

3.5. The Well-being Strategic Framework<sup>4</sup> brings together the range of activities and targets across the partnership which aims to improve the well-being of residents from 18 years of age. Alongside the Framework is an implementation plan<sup>5</sup> with a number of outcomes and targets. Included in this, and pertinent to this piece of work is the following priority:

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

#### **4. Recommendations**

4.1. Review recommendations are laid out in the attached report.

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

5.1. Reasons for the recommendations laid out in the main report are covered within the main body of the attached report.

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

6.1. N/A

<sup>3</sup> Local Area Agreement, Haringey Council

<sup>4</sup> Well-being Strategic Framework, Haringey Council, Haringey Teaching Primary Care Trust and Haringey Association of Voluntary and Community Organisations, 2007

<sup>5</sup> Haringey Well-being Strategic Framework Implementation Plan 2007-2010, Haringey Council

## **7. Summary**

7.1. The Overview and Scrutiny Committee commissioned a review into stroke prevention for their 2008/09 work programme. This piece of work was timely due to the publication of the National Stroke Strategy, by the Department of Health in December 2007. This strategy listed a number of Quality Markers for stroke care which the panel felt would be an appropriate basis for the recommendations included in this document, thus contributing to the national direction in stroke care. The relevant Quality Markers for this review are listed below.

- Quality Marker 1 – Awareness Raising
- Quality Marker 2 – Managing Risk
- Quality Marker 3 – Information, advice and support
- Quality Marker 4 – Involving individuals in developing services
- Quality Marker 5 – Assessment – referral to specialist
- Quality Marker 6 – Treatment
- Quality Marker 16 – Return to work
- Quality Marker 20 – Research and Audit

7.2. The review focused on three aspects of stroke prevention; the impact of a person's lifestyle, primary prevention and secondary prevention.

7.3. Key findings of the panel included:

- Stroke is a largely preventable disease, with key risk factors including smoking, lack of exercise and high blood pressure.
- The need for greater awareness of the signs, symptoms and risk factors of strokes and that a stroke should be treated immediately as a medical emergency.
- Haringey has a higher than average stroke mortality rate, particularly for those under the age of 75 years.
- There is under-reporting of stroke patients on Haringey's General Practice stroke registers.
- There are greater opportunities for the voluntary and community sector to be involved in stroke services.
- There is a need for greater active identification of those who are at risk of a stroke.

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

8.1. Locally, Haringey Council have been allocated £92k per annum for financial years 2008/09, 2009/10 and 2010/11. This new funding from the Department of Health is made available to all councils with social services responsibilities in England to demonstrate how to deliver stroke care for adults in the community. The funding is to help support the implementation of the National Stroke Strategy, and will

contribute towards the recommendations in this report for which Haringey Council are responsible. Any recommendations for NHS Haringey will be funded from NHS Haringey budgets.

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

9.1. The Overview and Scrutiny Committee has conducted this review in accordance with its statutory functions. The report reviews and makes recommendations about health services in the area as well as local authority functions. The Overview and Scrutiny Committee is empowered to do this by Section 21 of the Local Government Act 2000 as amended by Section 7 of the Health and Social Care Act 2001 and in accordance with The Local Authority (Overview and Scrutiny Committees Health and Scrutiny Functions) Regulations 2002. The Council also has the power to implement a broad range of measures by virtue of the well being powers of Section 2 of the Local Government Act 2000.

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

10.1. N/A

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

11.1. Haringey has high death rates from stroke compared to London and England<sup>6</sup>, particularly in those under the age of 75 years of age.

11.2 Stroke deaths in Haringey for those under 75 years of age were 50% higher than expected in 2004-2006<sup>7</sup>.

11.3 Stroke deaths for all Haringey residents were 15% higher than expected<sup>8</sup>.

11.4 There are variations in stroke prevalence across the borough, with those living in the central and northeast being slightly more likely to have a stroke<sup>9</sup>.

11.5 There are variances of stroke risk dependent upon geographical area, age, gender and ethnicity.

- Age
  - Stroke is more common in people over the age of 55 years, with incidence doubling for every successive decade after this age.
  - Stroke mortality is twice as high for people over the age of 85 years than those

<sup>6</sup> NHS Haringey presentation, Stroke Panel meeting, September 2008

<sup>7</sup> NHS Haringey Stroke Report – see appendix C

<sup>8</sup> NHS Haringey Stroke Report

<sup>9</sup> NHS Haringey Stroke Report

aged 65 years and over.

- Haringey has an aging population and therefore this is an important element of stroke prevention in Haringey.

- Gender

- Under the age of 75 years of age, men are more likely to have a stroke than women.
- Men are less likely to go to visit their GP surgery, which may have an impact on primary prevention for example blood pressure monitoring. High blood pressure is major risk factor for Strokes.

- Ethnicity

- Asian, African and African Caribbean communities are at an increased risk of stroke<sup>10</sup>. In Haringey those most likely to have a stroke are Asian, Black and mixed ethnic groups<sup>11</sup>.
  - Studies have highlighted that the incidence of stroke among black populations is more than twice that of white populations and that black populations also tend to have a stroke a younger age than white populations.<sup>12</sup>
  - There is a greater prevalence of hypertension (high blood pressure) amongst black and other ethnic minority populations which may place these communities at greater risk of stroke.<sup>13</sup>
  - Given the ethnic diversity of Haringey's population this is of significance for local preventative strategies.

- Geographical area

- African, Asian and African Caribbean populations are more likely to have a stroke – these populations are concentrated in the East of the Borough, specifically Northumberland Park, Bruce Grove and Tottenham.
- People aged 55 years of age and over are more likely to have a stroke – these populations are more concentrated in Muswell Hill and Highgate.
- Cared for pensioners are five and a half times more likely than the general population to have a stroke<sup>14</sup> - there are a large number of care homes in the West of the Borough.
- There is a slightly higher prevalence of stroke in the East of Haringey than the West.

11.6 For further information and related recommendations please see the attached main report.

## 12 Consultation

12.2 Throughout the scrutiny review process views and evidence was

<sup>10</sup> What is a Stroke? The Stroke Association

<sup>11</sup> NHS Haringey, 2009

<sup>12</sup> Stewart et al Ethnic Differences in the incidence of stroke BMJ 318:967-971 1999

<sup>13</sup> London Health Observatory, Healthcare for London Presentation

<sup>14</sup> MOSAIC

considered from Council departments, NHS Haringey departments, the voluntary and community sector (including stroke survivors), General practitioners and the acute sector.

12.3 The attached report has been submitted to the relevant Council Officers, NHS Haringey officers and other relevant agencies for consideration of the technical accuracy of the report and feasibility of the recommendations

### **13 Use of appendices /Tables and photographs**

13.2 Please see Contents page in main report for appendices

### **14 Local Government (Access to Information) Act 1985**

- Overview and Scrutiny Stroke Prevention Scoping Report, Haringey Council, 2008
- NHS Haringey, Stroke Report for Scrutiny review, 2008
- What is a Stroke? Stroke Association
- National Stroke Strategy, Department of Health, 2008
- Feasibility study of stroke services in Haringey, Overview and Scrutiny Committee, 2008
- Sustainable Community Strategy 2007-2016, Haringey Council
- Haringey Council Plan 2007-2010, Haringey Council
- Local Area Agreement 2007-2010, Haringey Council
- Reducing Brain Damage: Faster access to better stroke care, National Audit Office, 2005
- Well-being strategic Framework and Implementation Plan 2007-2010, Haringey Strategic Partnership
- The shape of things to come, Healthcare for London, 2009
- Office of National Statistics, mid-year estimates, 2007
- Eastern Region Public health observatory, stroke prevalence data
- Putting Prevention First: vascular checks, risk assessment and management tool, Department of Health, 2008
- Quality Outcomes Framework 2007/08, NHS Islington
- Supporting Carers to Care, National Audit Office, 2009