

Briefing Note – Summary of Stroke Prevention work in Adult Services for Overview and Scrutiny Review 30th September 2008

1. Introduction

In Haringey, we have a coordinated stroke care pathway and offer a range of stroke care prevention services. Adult Services work closely with Haringey Teaching Primary Care Trust (HTPCT), the third sector and with internal partners: Leisure and Adult Learning to maximise an individual's rehabilitation following a stroke. Stroke care prevention needs to be seen in the context of Haringey's Wellbeing Strategic Framework¹. A stroke prevention project group now meets monthly and the Department of Health (DH) has allocated a new grant of £92k for agencies to spend on stroke care²-please see attached Annex 1 for the group's initial thoughts regarding the priorities for this year's grant allocation.

2. Key policy drivers

Apart from those mentioned in the introduction other key national policy regarding stroke care includes: The National Service Framework on Long-Term Conditions³ and The Darzi Report⁴.

3. A Summary of current work and stroke prevention projects in Haringey

The third sector:

Haringey Stroke Clubs

Haringey Stroke Clubs are run by Age Concern Haringey to support people living with long term health conditions following a stroke.

Three clubs are run across the borough and they operate for 40 weeks a year. Members' requirements for accessible transport are met; we provide lunch and a programme of activities.⁵ We also benefit from, and much appreciate the help given by, our volunteers. They offer additional support to the members.

¹ http://harinet.haringey.gov.uk/index/social_care_and_health/health/well-being_framework.htm

²

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/AllLocalAuthority/DH_084593

³ <http://www.dh.gov.uk/en/Healthcare/Longtermconditions/index.htm>

⁴

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

⁵ The clubs are located at Abyssinia Court, Mayfield Rd, N8; Braemar Avenue, N22 & Claudia Jones House, Gederny Rd, N17

Having reviewed the clubs to identify how best to meet the needs of our members a new, 'person centred' approach in line with the government's cited new direction in community health was identified.⁶

We piloted this new approach successfully helping new members recently discharged from hospital to make and meet realistic goals. Whilst the pilot was successful it was also challenging - with no extra staff or resources.

Implementation of the review recommendations are however progressing with a steering group involving members, 'expert patients' and representatives from North Middlesex Hospital and London Borough of Haringey's Adult, Culture and Community Services Department.

A volunteer 'buddying' scheme is proposed and discussion underway with Haringey Teaching Primary Care Trust's (HTPCT) Assistant Director for Strategic Commissioning as to how to resource this development. A commitment to 3 year funding for Haringey Stroke Clubs would enable us to significantly further our work enabling and empowering stroke survivors to better manage their health condition(s) with:

- Information, advice and support
- Long term care & support
- Participation in community life

Between April 2007 – March 2008 total of 1,288 attendances were achieved (1,277 06/07) over 114 sessions.⁷

CLUB	TOTAL ATTENDANCE	NO OF SESSIONS
NORTH TOTTENHAM	471	37
WOOD GREEN	429	38
HORNSEY	388	39
TOTAL	1288	114

⁶ Stroke Club Review – launched March 2007 available on request

⁷ See summary statistics Apr 07 to March 08 attached

ETHNICITY	AGE		SEX	Referral source
	40 - 49	1		
AFRO/CARIB	50 - 59	2	MALE	PCT / GPs/Self
UK/EURO	60 – 69	19	FEMALE	Intermediate Care
IRISH	70 – 79	14		Hospital
ASIAN	80 - 90	6		
BLACK AFRICAN	90 +	1		

Also please refer to Annex 2 for a full review report of Age Concern's Stroke Care work.

Alongside the more intensive stroke rehabilitation programmes provided by the acute and primary care trusts, we also provide an array of specialist stroke services, for example:

- We provide 'enabling' and 'rehabilitative' home care post discharge from hospital;
- Our leisure services provide a 'phase for cardiac rehabilitation programme' ;
- Our Adult Learning Division uses work actively with 'Different Strokes', an organisation concerned with the rehabilitation of stroke victims. The group provides regular massage sessions within our libraries which are publicised via our 'What's On' publication. Our Adult Learning Division uses Different Strokes in a tutorial capacity to provide courses that enable users to concentrate on small but significant steps towards:
 - improved physical mobility;
 - regaining self confidence;
 - Share and address in a supportive environment the personal issues around professional identity that is often shaken by suffering a stroke;
 - Reclaiming and re-building process post stroke;
 - Networking and learning from individuals with similar experiences;
 - Regular social and learning link to the wider world through shared activities and interests; and
 - Opportunities for life long learning.

We provide information in relation to stroke prevention. Different Strokes is again a key partner in this process although we involve many other partner bodies and provide our own blood pressure monitoring, stress counselling and weight care and exercise programmes.

- We have invested in a variety of stroke projects – using the new stroke care grant, for example:

- Appointment of a joint Stroke Coordinator for 3 years to work across health and social care. Elements of this role will involve improving care pathways from Acute Services into rehabilitation – including social care within the community and in care homes;
- Support for existing initiatives – specifically the Age Concern Stroke Clubs;
- Support the Council's 'Welfare to Work' strategy to the 'Winkfield Resource Centre' to support outreach work to help working age adults return to work;
- Enhance the establishment of the 'Haven Day Centre' by 1 worker to enable more intensive work with older people who have returned to the community & could benefit from further intermediate care.