

Local Authority Circular

LAC (DH) (2009) 4

To: The Chief Executives of
County Councils)
Metropolitan District Councils) England
Shire Unitary Councils)
London Borough Councils
Common Council of the City of London
Council of the Isles of Scilly
Directors of Adult Social Services of
Councils with social services responsibilities in England.

Copied to: Chief Executive - Strategic Health Authorities
Chief Executive - Primary Care Trusts
Regional Directors of Public Health
Government Office Directors
Regional Directors, CSIP RDCs

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DEMONSTRATING HOW TO DELIVER STROKE CARE FOR ADULTS IN THE COMMUNITY

Purpose

1 This Local Authority Circular (LAC) is a updated version of LAC (DH) (2008) 2. It gives information about the scope and purpose of funding which the Department of Health (DH) introduced last year for all councils with adult social services responsibilities in England to demonstrate how to deliver stroke care for adults in the community. Each local authority in England will be allocated the sums shown in the grant determination (see Annex A and B) for years 2008-09 to 2010-11. This funding is ring-fenced for the purpose of providing support services to stroke survivors and their carers. This circular includes information on the development of specific support services (see Annexes C, D and E).

Summary

2 This funding is to help support the implementation of the National Stroke Strategy¹ which sets out 20 quality markers needed for raising the quality of treatment and care, including social care, for stroke survivors and their carers over the next decade. There is evidence that the provision of high quality social care is of fundamental importance in improving outcomes for people.

¹ Department of Health, 2007, *The National Stroke Strategy*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081062

3 Over the three-year funding period, local authorities are required to demonstrate how they, with their partners, have used the grants to support specific outcomes in relation to the quality markers in the strategy most pertinent to the improved delivery of social care for stroke survivors and their carers (see below).

4 The Secretary of State for Health launched the National Stroke Strategy in December 2007, and announced that the Government had committed central funding of £105 million over three years to provide national support for improving stroke services. DH's spending proposals include £15 million a year to further encourage and develop best practice in delivering strokes services for adults in the community; to improve outcomes for those adults who have had a stroke; and to enhance their quality of living and their degree of independence as well as that of their carers and families.

5 Local authorities are the pivotal access point to a range of services which can benefit people who have had a stroke and who want to live independently at home. In addition, the stroke strategy means that local authorities will need to work with their NHS partners to help individuals and carers at an early point to reduce the likelihood of increased dependence at a later stage. The quality markers (QM) in the stroke strategy most relevant to improving social care provision are:

- **information, advice and support (QM3):** people who have had a stroke, and their relatives and carers, should have access to practical advice, emotional support, advocacy and information throughout the care pathway and life-long;
- **seamless transfer of care (QM12):** a workable, clear, discharge plan that has fully involved the individual (and their family where appropriate) and responded to the individual's particular circumstances and aspirations should be developed by health and social care services, with other services such as transport and housing;
- **long-term care and support (QM13):** a range of services should be available and easily accessible to support the longer-term needs of individuals and their carers;
- **assessment and review (QM14):** people who have had strokes and their carers, living either at home or in care homes, should be offered a review from primary care services of their health and social care status and secondary prevention needs typically within six weeks of discharge home or to a care home and again before six months after leaving hospital. This should be followed by an annual health and social care check which facilitates a clear pathway back to further specialist review, advice, information, support and rehabilitation where required;
- **participation in community life (QM15):** people who have had a stroke, and their carers, should be enabled to live a full life in the community;
- **return to work (QM16):** people who have had a stroke and their carers should be able to participate in paid, supported and voluntary employment; and
- **leadership and skills (QM18):** all people with stroke, and at risk of stroke, should receive care from staff with the skills, competence and experience appropriate to meet their needs.

6 Outcomes will also be reflected in how local authorities manage their personalisation agendas (for example through Self-Directed Support such as direct payments or individual budgets to provide flexible, person-centred services). The

duty for local authorities and Primary Care Trusts to undertake a Joint Strategic Needs Assessment (JSNA) of the health and well-being of the community will enable local authorities and PCTs to assess where to focus attention in the light of local needs; and to identify areas where accelerated improvement is needed using this ring-fenced stroke funding.

Implementing the stroke strategy's quality markers and ways of achieving them in social care

7 There are three areas in particular where service improvement can be accelerated using this funding. These may involve considering new and different ways of delivering the above quality markers, for example by facilitating collaborative and partnership working between all the relevant agencies needed to deliver comprehensive services for people living with stroke and their carers. The three areas are:

- **the appointment of a stroke care co-ordinator** especially where local authorities do not currently have a specialist, social care focussed, approach to supporting people and their carers affected by stroke. A stroke care co-ordinator would provide a person-centred approach to delivery of services;
- **the application of best practice** which local authorities have already gained from working with people with other disabilities and long-term conditions. For example, people with dementia, learning disability or mental health conditions; and
- **working with recognised third sector² organisations** to deliver universal services, as described above, for people with stroke and their carers. In particular, developing wider and stronger links across the whole local government agenda, into areas such as transport, leisure, community and employment.

8 However local authorities use this funding, DH strongly recommends that they link with local stroke care networks. Further information about stroke care networks and how to contact your local one can be obtained from the Stroke Improvement Programme (SIP, the central team supporting networks). SIP provides central support for action under this circular by, for example, holding national workshops to support and accelerate local initiatives across a range of issues in the stroke care pathway. SIP's web-site is at www.improvement.nhs.uk/stroke

9 Annex C explores a number of specific examples of activities that underpin implementation of the stroke strategy in social care. This covers issues such as advocacy, sign-posting, care navigation, information, and practical and peer support throughout the care pathway, in the shorter or longer term, for both stroke survivors and their carers. Annex D explains how stroke-specific training can be developed.

Links to other initiatives

10 There are clear links between the stroke strategy and other current initiatives including:

² "Third sector" in this circular means those self-governing organisations which are independent of the state and benefit to some extent from voluntary assistance.

(i) ***Our health, our care, our say***

The stroke strategy directly relates its own quality markers to the seven outcomes in the White Paper *Our health, our care, our say*³:

- improved health and emotional well-being;
- improved quality of life;
- making a positive contribution;
- choice and control;
- freedom from discrimination;
- economic well-being; and
- personal dignity.

(ii) ***Putting People First***

The cross-sector concordat, *Putting People First: A shared vision and commitment to the transformation of adult social care*⁴ establishes a collaborative framework between central and local government, the sector's professional leadership, care providers and the social care regulator. It means transforming social care to improve outcomes for people, and emphasises the need for citizens to shape their own lives, their communities and the services they need. *Putting People First* sets out the vision and the principles, as well as the key enablers, to meet this aspiration through a radical reform of public services.

Putting People First confirms that reform can be delivered only through partnerships across central and local government and signals a sector-wide agreement on the direction of travel, and the commitment to delivering significant change by April 2011. At its heart is a pledge to ensure that all public bodies work together towards a society that enables individuals to have maximum choice and control over their lives and values the contribution that all citizens can make, whether they need support from others now or in the future. This is reinforced in Lord Darzi's *Next Stage Review*⁵ which makes it clear that only through working in partnership, and focusing on people, will the NHS and local government help improve peoples' health and well-being. It also underpins the implementation of other DH priorities such as the national carers' strategy⁶, *Valuing People Now*⁷ and the Dementia Strategy⁸.

The Social Care Reform Grant provides three years of ring-fenced funding to support councils to undertake the necessary reforms to deliver this

³ Department of Health, 2006, *Our health, our care, our say*, London, DH.

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

⁴ *Putting People First: a shared vision and commitment to the transformation of Adult Social Care*, HMG

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

⁵ *High Quality Care for All – NHS Next Stage Review Final Report*, pp 43, London, DH, 2008

http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085825

⁶ *Carers at the heart of 21st century families and communities*, HMG, 2008

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

⁷ *Valuing people now: a new three-year strategy for people with learning disabilities*, London DH, 2009

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093

⁸ *Living well with dementia: a National Dementia Strategy*, London, DH, 2009

<http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NationalDementiaStrategy/index.htm>

transformation. LAC (DH)(2008)⁹ gives detailed information to support this over the three years concerned. Among other things, the LAC describes what action needs to be taken for the development of a personalised approach to the delivery of adult social care. It identifies one of the key components of a personalised approach as self-directed support with individuals having choice and control over how best to meet their needs. It promotes independence, well-being and personal dignity. This outcome relates directly to the quality markers in the stroke strategy about life after stroke, and local authorities may wish to take this into consideration when developing their wider transformational work.

(iii) The New Performance Framework for Local Authorities and Local Authority Partnerships

The local performance framework embodies the new relationship between central and local government. Rather than central government providing all the answers it was developed with local government and partners to provide flexibility for local decisions. The National Indicator Set for local authorities and local authority partnerships, announced as part of the Chancellor's Comprehensive Spending Review announcement of October 2007, is a key element of the framework. The national indicators will be the primary means of measuring national priorities that have been agreed by Government and will be the only indicators upon which local authorities and their partnerships, including partnerships with health bodies, will be performance managed.

Local support and requirements

11 Local authorities will need to develop services according to local needs and priorities; for example, to reflect any special support needs of disadvantaged groups including black and minority ethnic groups, those in lower socio-economic groups, those who might find services difficult to access, and those at higher risk of a recurrent stroke.

12 Third sector organisations already provide services to stroke survivors and their carers and will have much of the expertise and skill to support improvements. There is a broad range of issues which is part of any participation programme - including transport, housing, leisure, employment - and all of these are highly relevant to helping people who have had a stroke achieve a good quality of life, maximum independence, well-being and choice.

13 We expect local authorities to work in partnership with related organisations in delivering improved support services: in particular, their NHS partners, the voluntary sector and stroke networks. Experience has also shown that involving stroke survivors and their carers from the outset, with the expertise available from local NHS bodies and third sector organisations such as the Stroke Association and Connect, is essential if those services are to match individuals' needs and expectations and if they are to be delivered more quickly. For example, one local authority has used this funding to design services in partnership with their PCT and the Stroke Association (see Annex E); another is working with Connect to introduce peer-led befriending schemes.

⁹ Department of Health, 2008. *Transforming Social Care*. LAC(DH)(2008)1

Working in a network

14 The stroke strategy identifies local stroke networks as a key lever for change. The Stroke Improvement Programme (SIP) has been created to help establish and support local stroke care networks to implement the strategy and to assist in the delivery of improved services for stroke survivors and their families. We know that networks are of great value to the organisations that comprise them and are a huge benefit to people living with stroke and their carers.

15 Stroke care networks are supporting the delivery of high-quality stroke care and services. Local authorities, and PCTs, have a vital role to play in their future development. All local authorities will want to ensure that they work jointly with their local networks to maximise outcomes from this funding.

Arrangements for grant payment and allocation

16 All Authorities will be paid their allocation in full by 1 May. Authorities are will need to complete a final statement to demonstrate that the grant has been expended for the purposes intended. A final template for 2009-2010 will be sent to local authorities in May 2010 and must be completed and certified correct by the LA's internal audit section. A copy signed by the Chief Finance Officer must be returned to Ray Szynowski at the address below by 30 June 2009. The Audit Commission will not be involved in verifying the grant spend.

17 The grant determination requires local authorities to spend the monies allocated to them in the financial year in which they are received. However, the Department will consider requests for flexibility in spending. Local authorities should note the conditions in the determination made by the Secretary of State under which this funding is made available (see Annex A).

Measuring success

18 Local authorities will need to monitor and measure the impact this funding has had on delivering the outcomes they have identified. These include quality, customer satisfaction and efficiency as well as the effect on needs and priorities. The Performance Framework for Local Government will be useful in this context. DH will undertake its own assessment of the impact of this funding as part of its overall evaluation of the implementation of the stroke strategy.

Cancellation of this circular

19 This circular should be cancelled on 31 March 2010.

Enquiries etc

20 All enquiries about this circular or the administration of the allocations should be sent to:

Ray Szynowski, Stroke Policy Manager, Department of Health
Room 403, Wellington House, 135-155 Waterloo Road, London SE1 8UG.
Telephone: 0207 972 1030.
Email: ray.szynowski@dh.gsi.gov.uk
(It would be helpful if enquiries could be sent by email.)

21 This circular may be freely reproduced.

DETERMINATION UNDER SECTION 31 OF THE LOCAL GOVERNMENT ACT 2003 OF FUNDING FOR DEMONSTRATING HOW TO DELIVER STROKE CARE IN THE COMMUNITY

Introduction

1 This Determination is made by the Secretary of State for Health ("the Secretary of State") under section 31 of the Local Government Act 2003 ("the 2003 Act"). It specifies grants that the Secretary of State proposes to pay to certain local authorities in England. Before making this Determination, the Secretary of State obtained the consent of the Treasury in accordance with section 31(6) of the 2003 Act.

Amounts payable to authorities

2 Pursuant to section 31(3) of the Act the Secretary of State hereby determines that the local authorities to which grants are to be paid, and the amount of each grant, are the local authorities listed in column 1 of Annex B and the corresponding amounts set out in column 2 of that Annex.

Purpose of the grants

3 Pursuant to section 31 of the 2003 Act, the Secretary of State hereby determines that the grants shall be paid towards revenue expenditure incurred or to be incurred by local authorities in England in the financial years 2008-2009, 2009-2010 and 2010-2011 for the purpose of providing support services to stroke survivors and their carers.

Payment

4 The grants shall be payable to local authorities in one instalment as detailed below:

2008-2009: on or before 14th May.

2009-2010: on or before 1st May.

2010-2011: on or before 1st May.

5 Local authorities must be able to identify expenditure against the grant monies for the purpose set out in this Determination if required by the Secretary of State to do so.

Grant conditions

6 Local authorities must use monies allocated to them in the financial year that they are received unless the Secretary of State has granted permission to carry forward any under-spend. The Secretary of State may request the repayment of the whole or any part of the grant monies to the extent that they are not used for the purposes for which they are given.

**Signed by Authority of the Secretary of State
2 May 2008.**

Stroke Services in England. Funding for the delivery of adult stroke care in the community.	
(1) Local Authority	(2) Allocations for 2009-10 and 2010-11 £k
Barking and Dagenham	90
Barnet	98
Barnsley	95
Bath & North East Somerset	87
Bedford	42
Bexley	89
Birmingham	165
Blackburn with Darwen	87
Blackpool	90
Bolton	97
Bournemouth	88
Bracknell Forest	80
Bradford	112
Brent	96
Brighton & Hove	94
Bristol	106
Bromley	93
Buckinghamshire	101
Bury	88
Calderdale	90
Cambridgeshire	111
Camden	97
Central Bedfordshire	56
Cheshire East	60
Cheshire West and Chester	61
City of London	76
Cornwall	119
Coventry	99
Croydon	96
Cumbria	115
Darlington	83
Derby	93
Derbyshire	134
Devon	131
Doncaster	99
Dorset	104
Dudley	100
Durham	119
Ealing	97
East Riding of Yorkshire	98

East Sussex	114
Enfield	96
Essex	166
Gateshead	93
Gloucestershire	114
Greenwich	97
Hackney	97
Halton	85
Hammersmith and Fulham	90
Hampshire	145
Haringey	92
Harrow	90
Hartlepool	83
Havering	90
Herefordshire	89
Hertfordshire	140
Hillingdon	91
Hounslow	89
Isle of Wight Council	87
Isles of Scilly	75
Islington	95
Kensington and Chelsea	92
Kent	166
Kingston upon Hull	98
Kingston upon Thames	84
Kirklees	104
Knowsley	91
Lambeth	98
Lancashire	162
Leeds	129
Leicester	99
Leicestershire	112
Lewisham	96
Lincolnshire	127
Liverpool	122
Luton	87
Manchester	118
Medway	89
Merton	87
Middlesbrough	87
Milton Keynes	88
Newcastle upon Tyne	99
Newham	97
Norfolk	140
North East Lincolnshire	87
North Lincolnshire	87
North Somerset	89
North Tyneside	92
North Yorkshire	113
Northamptonshire	116
Northumberland	99
Nottingham	99
Nottinghamshire	130

Oldham	93
Oxfordshire	111
Peterborough	87
Plymouth	95
Poole	85
Portsmouth	89
Reading	84
Redbridge	92
Redcar and Cleveland	86
Richmond upon Thames	85
Rochdale	92
Rotherham	96
Rutland	77
Salford	96
Sandwell	104
Sefton	100
Sheffield	119
Shropshire	96
Slough	83
Solihull	88
Somerset	113
South Gloucestershire	89
South Tyneside	89
Southampton	92
Southend-on-Sea	88
Southwark	99
St Helens	91
Staffordshire	130
Stockport	95
Stockton-on-Tees	88
Stoke-on-Trent	97
Suffolk	125
Sunderland	100
Surrey	136
Sutton	87
Swindon	86
Tameside	94
Telford and the Wrekin	87
Thurrock	85
Torbay	89
Tower Hamlets	97
Trafford	90
Wakefield	102
Walsall	97
Waltham Forest	92
Wandsworth	96
Warrington	88
Warwickshire	110
West Berkshire	83
West Sussex	125
Westminster	98
Wigan	101
Wiltshire	103

Windsor and Maidenhead	82
Wirral	105
Wokingham	81
Wolverhampton	97
Worcestershire	112
York	86
Total	15,000

Notes

(i) The above allocations are rounded to the nearest £1,000. They have been calculated using the Relative Needs Formula (RNF) with a base allocation of £75k.

(iii) The allocations for (a) Bedford and Central Bedfordshire; and (b) Cheshire East, and Cheshire West and Chester, are equivalent in total to those made to the relevant authorities for 2008-09 before boundary changes occurred. It is not possible to apply the base allocation of £75k to the authorities with new boundaries without reducing allocations to other local authorities.

SPECIFIC EXAMPLES OF LOCAL SERVICE ACTIVITIES FOR STROKE

This Annex sets out some specific examples of support initiatives which local authorities may wish to consider. Some of these initiatives may appropriately be commissioned jointly with PCTs.

Stroke care co-ordinator: a person who works along the whole care pathway from the acute episode to after transfer of care, enabling the giving of information, advocacy, sign-posting, advice on state benefits, assistance with accessing a wide range of support (including medical, emotional, financial and social), peer support and other supportive activity including promoting health and well-being.

Family and carer support workers: can provide a similar if more limited role to stroke care co-ordinators and will have skills in providing emotional and carer support, advocacy and sign-posting.

Communication disability support groups: the use of trained volunteers, including peer supporters (eg people who themselves have communication disabilities), to support stroke survivors and their carers to continue re-enablement either when speech and language therapy ceases or to reinforce the skills being learnt in therapy which is being provided simultaneously; to find alternative strategies to enable integration back into the community; and techniques to reinforce personal confidence which can often be a major barrier to an individual regaining independence. Under this initiative, people can choose for themselves when they are ready for what kind of activity.

Peer-led conversation groups: offering a peer-led experience from people with aphasia for people with aphasia. Groups can provide a self-sustaining network of practical, social, emotional and communication support. Leadership of the conversation groups enables people with aphasia to make a positive contribution to the aphasia community. The skills are also directly applicable to roles people may wish to take up as volunteers, advocates or employees. People with aphasia who attend, but do not lead, the Access to Life conversation groups learn new communication skills, try out skills they are learning in rehabilitation and gain confidence very quickly. Among their peers with aphasia, people feel relaxed and more confident to try new things. They learn to live with aphasia together and they are better able to assess their own needs and recovery.

Counselling and emotional well-being dealing with cognitive deficits support activity: this is an area where specialist stroke knowledge, including that of peer supporters, is of great value since it can benefit people whose cognitive skills and personalities may have been affected by stroke. If trained appropriately, people with experience of stroke and aphasia can be supported to befriend and support others in a low cost, efficient and meaningful way. For example, the Connect befriending scheme has demonstrated how activity, led by people with aphasia for people with aphasia, can start in hospital at admission and can provide seamless transfer of care and support, both back home and through re-integration into the community. People with stroke receive immediate emotional benefits from the scheme where they are encouraged about their own prospects for recovery and can share top-tips for living with aphasia. This model can also be used for people with stroke but without

aphasia. Being a volunteer 'befriender' and advocate can also help 'befrienders' to consider other voluntary or paid work opportunities.

Targeting groups: examples include 'hard to reach groups'; members of black and minority ethnic (BME) communities and those newly-arrived in the country.

Developing brokerage services: to enable access to direct payments/individual budgets for stroke survivors and their families. Such services facilitate stroke survivors and their carers along the stroke care pathway. Individuals need to be able to access different mechanisms at different points as desired. This is also an area where learning from other disability groups could be applied with advantage.

Re-enablement back into the community: through the provision of 'buddying' support schemes, arts therapies, the development of participation in self-help networks, support for stroke clubs, and support for volunteering to encourage active citizenship.

Supporting re-enablement through vocational rehabilitation and community integration: particularly for stroke survivors of working age who may otherwise be poorly supported within vocational rehabilitation, and those with communication difficulties after stroke.

Primary and secondary prevention: bespoke support to reduce the risk of stroke in those identified as at risk of a first stroke and those at risk of recurrent stroke; offering dietary and life-style advice, health prescription, leisure and other facilities including exercise support. Some of this activity may be attached to a family and carer support service and may be targeted at black and minority ethnic groups through involving African, Caribbean or south Asian health promotion workers.

Training for carers: training programmes which equip carers in domiciliary and residential settings to support stroke survivors and their families appropriately.

Providing information and review: people who have had stroke and their carers often seek more, timely, relevant information in a format that they can understand. People with direct experience of living with stroke can be effective providers of information to each other, capitalising on the knowledge they have acquired and making it easily accessible if appropriately networked. People living with stroke can be supported to provide networking and information events: for example, Connect's Access to Life 'Get Together' events. People with aphasia lead the events and describe how they have learned to live with the disability and what kinds of opportunities are available through Access to Life and other organisations. Using accessible resources and publications where people with aphasia have helped design the product can also help with information transfer. Connect has several of these resources, for example *Stroke Talk* and the *Stroke and Aphasia Handbook*.

Participation in shaping services: people with personal experience of stroke and aphasia can be trained and supported to become campaign speakers, trainers, advisors and members of expert panels. They can be supported to set up their own 'hub' involvement group to help co-ordinate networking; to contribute to local patient and public involvement (PPI) consultation reviews; and help shape new local services. Enhanced confidence, emotional well-being and the sense of 'giving something back' to the health and social care services and future service users are direct benefits of being a trainer, advocate or advisor. They can then help in the development, implementation and monitoring of the 'life after stroke' care pathway.

STROKE-SPECIFIC TRAINING IN SOCIAL CARE

1 The provision of high quality stroke care is dependent upon a skilled workforce from acute care to long-term support. Stroke-specific training is identified as a priority in the stroke strategy.

2 The nature of the specialist skills required to deliver high quality stroke care is different as the individuals' needs change through the stroke pathway. It is important that those providing or delivering physical and emotional care and support to stroke survivors after leaving hospital have a good awareness of the impact of stroke on the individual. In particular there should be an awareness of the nature and implications of:

- communication problems (eg aphasia);
- perceptual problems (eg difficulties with body awareness, how to interact with the environment and insight); and
- visual and cognitive impairment which are the less visible and often less understood effects of stroke.

3 Training should be accessed for care home and care agency staff, care workers, case managers, social workers and others involved in the delivery of social care to stroke survivors through collaboration and partnership with other agencies such as health trusts and academic institutions and recognised third sector organisations such as Connect and the Stroke Association (see Annex F). The UK Forum for Stroke Training has been developed following the National Stroke Strategy's recognition that staff working in stroke had variable levels of knowledge and skills and that there was no nationally recognised stroke specific training. The Forum will provide guidance for the identification of training needs.

4 Stroke networks should be involved in the plan for developing training for social care staff. This will enable support to be provided to local authorities and provide a means of linking social care and health approaches to implementation of the strategy, in particular on the seamless transfer of care between health and social care services.

5 Training which results in improved skills for social care staff may be transferable to people with disabilities such as dementia and other long-term conditions.

6 Further information about stroke care networks and how to contact local networks can be obtained from the Stroke Improvement Programme (the central team supporting networks) at www.improvement.nhs.uk/stroke

DEVELOPING A BACK-TO-LIFE COMMUNITY INTEGRATION SERVICE

1 As a result of a need identified in the light of the stroke strategy, a Family and Carer Support Service funded by the PCT was set up in Wakefield. The service offers emotional and practical support to all individuals and their families from the initial stroke and for up to twelve months afterwards.

2 Local discussions were held about what else was required to assist people with their recovery, and it was decided to offer the stroke community of Wakefield enhanced support through a Back-to-Life Community Integration Service. By using a life-coaching approach, the service aims to support stroke survivors, their families and carers, with integration back into the community. All stroke survivors referred are offered:

- **personal action plans**, regularly re-visited and re-assessed;
- help with the **recognition of previous roles**, skills and responsibilities: to be used in the rehabilitation setting and carried over into community life;
- access to **peer networks** for continuing mutual support;
- access to **support groups** for continuing support in the longer term;
- support with **interview practice**, attendance for interviews and debriefing procedures;
- **return to work support** (whether for paid or unpaid work);
- support with accessing **voluntary opportunities** and training opportunities; and
- access to **training opportunities** as identified through the community pathway and with local adult education services.

3 Carers have access to:

- **training and support** to understand the impact of stroke;
- support groups to provide **emotional support**;
- **information sharing** opportunities; and
- **respite** and relaxation opportunities.

4 In addition, the funding provides training for local authority staff who are providing residential or domiciliary care to understand the impact of stroke on individuals and their families

5 This service has resulted in positive feedback from service users and the professionals who refer them. New elements of the service will further address the needs of individuals so that they are offered a much more integrated approach from health, local authority and third sector workers.

USEFUL RESOURCES AND ORGANISATIONS

This Annex lists some of the key resources and organisations working in stroke which are available to service providers, stroke survivors and their carers.

(i) Resources

The National Stroke Strategy

The stroke strategy was launched in December 2007, and sets a clear direction for the development of stroke services in England over the next ten years. This strategy was developed in partnership with stakeholders, including those affected by stroke and their carers, representatives from stroke charities, stroke professionals in the NHS and social care professionals. This work was led by Prof Roger Boyle, the National Director for Stroke, supported by these stroke experts.

<http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Stroke/index.htm>

Stroke - Act F.A.S.T.

In February 2009, the Government launched a national stroke awareness campaign across all media including television. "Act F.A.S.T." aims to help people recognise the signs of stroke, and so help save lives and reduce the damage stroke causes.

<http://www.nhs.uk/actfast/pages/default.aspx>

Improving Stroke Services: a guide for commissioners

Improving Stroke Services, published in December 2006, is designed to help commissioners assess their local need, review how well services are meeting it currently, and identify where to invest in the future. It provides advice on good practice to commissioners that highlights key issues to consider, and summarises supporting resources. Work is in hand to update this guide to reflect the World Class Commissioning agenda.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063260

National Service Framework for Long-term Conditions

The *National Service Framework for Long-term Conditions*, published in 2005, aims to promote quality of life and independence for people with long-term neurological conditions by ensuring they receive coordinated care and support that is planned around their needs and choices. The NSF does not address individual neurological conditions separately as there are so many elements of service provision that are common to different conditions. It will clearly be important for commissioners to take into account the quality requirements of this NSF when planning services for those affected by stroke.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4105361

National Clinical Guidelines for Stroke

The *National Clinical Guidelines* were developed by the Intercollegiate Stroke Working Party, co-ordinated by the Clinical Effectiveness and Evaluation Unit (CEEU) of the Royal College of Physicians. The aims of the guidelines are to provide explicit recommendations for practicing clinicians, managers, patients and carers about the management of stroke and transient ischaemic attack (TIA), covering the whole care pathway from the acute event to longer-term management in the community, based on best available evidence. The third edition of the guidelines was published in July 2008.

<http://www.rcplondon.ac.uk/pubs/books/stroke/>

Reducing Brain Damage: Faster access to better stroke care

The National Audit Office (NAO) published *Reducing Brain Damage: Faster access to better stroke care* in November 2005. It recommends further improvements in preventing strokes in the first place, and treating and managing people with stroke. We expect that the NAO will produce a further report on stroke services in 2009.

<http://www.nao.org.uk/pn/05-06/0506452.htm>

Putting People First

Across Government, the shared ambition is to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, safe and promote their own individual needs for independence, well-being and dignity. This ministerial concordat establishes the collaboration between central and local government, the sector's professional leadership, providers and the regulator. It sets out the shared aims and values which will guide the transformation of adult social care, and recognises that the sector will work across agendas with users and carers to transform people's experience of local support and services.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

The Prime Minister's Strategy Unit report – Improving the Life Chances of Disabled People

The Prime Minister's Strategy Unit published *Improving the Life chances of Disabled People* in 2005. The report sets out a 20 year strategy with approximately 60 recommendations. It focuses on independent living outlining person-centred planning, individual budgets and self-assessment enabling choice and control for disabled people.

<http://www.cabinetoffice.gov.uk/upload/assets/www.cabinetoffice.gov.uk/strategy/disability.pdf>

Creating Sustainable Communities: Supporting Independence

In June 2007, the Department of Communities and Local Government published *Independence and Opportunity* a strategy for the future of the Supporting People programme. The Strategy sets out our plans to ensure service users are kept at the heart of the programme; increase the support to service providers, including helping all providers to complete fairly for contracts to deliver services; and give greater

freedom and support to local authorities to make Supporting People work well in their area.

<http://www.spkweb.org.uk/Subjects/Supporting+People+Strategy+-+DCLG/Creating+Sustainable+Communities+-+Supporting+Independence.htm>

The Social Policy Research Unit (SPRU) model

This model offers two helpful outcome domain frameworks that would fit well with people and carers affected by stroke based on maintenance, change and process. In this model each individual determines their own outcome, which gives variations in the individual's ability, skills and confidence after stroke. The model allows success to be measured. Local authorities will also be able to use indicators from the National Indicator Set to assess progress; in particular NIs 125, 130 and 136.

<http://www.york.ac.uk/inst/spru/>

The Local Performance Framework

An Introduction to the Local Performance Framework: Delivering Better Outcomes for Local People has been jointly produced by the Department for Communities and Local Government and the Local Government Association (LGA). It provides a clear overview for all those helping to implement the performance framework, including local area agreements (LAAs). A detailed timetable is also included.

<http://www.communities.gov.uk/publications/localgovernment/localperformanceframework>

Delivering health and well-being in partnership: the crucial role of the new local performance framework

One of a series of narratives being produced by the Department of Communities and Local Government that articulate changes made to local area agreements and the local government performance framework as a result of the Local Government and Public Involvement in Health Act 2007. The narrative focuses on implications for the health and social care sector.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081146

Single Set of National Indicators

The National Indicator Set for local authorities and local authority partnerships was announced as part of the Chancellor's Comprehensive Spending Review announcement of October 2007.

<http://www.communities.gov.uk/publications/localgovernment/nationalindicator>

Joint Strategic Needs Assessment (JSNA)

This guidance provides tools for local partners undertaking JSNA. It describes the stages involved, including stakeholder involvement, engaging with communities and recommendations on timing and linking with other strategic plans. It also contains a core dataset, and guidance on using JSNA to inform local commissioning, publishing and feedback.

(ii) Organisations

The Stroke Improvement Programme (SIP)

SIP has been created to help establish stroke care networks to implement the national stroke strategy and to assist in the delivery of improved services for stroke patients and their families. Experience in other specialties, such as coronary heart disease and cancer, has shown that networks are of great value to the organisations that compromise them and are a huge benefit to patients.

<http://www.improvement.nhs.uk/stroke/>

Connect

Connect is the communication disability network, a national charity. Connect's vision is a world where people with aphasia (communication disability) can find opportunity and fulfilment. It works to promote effective services, new opportunities and a better quality of life for people living with aphasia.

<http://www.ukconnect.org/>

The Stroke Association

The Stroke Association is the only UK-based charity solely concerned with combating stroke in people of all ages. It is a major provider of services under contract to statutory providers in the UK and has also been the major provider of funds for research, innovation and development for local authorities for the last 15 years. The Association has a regional structure that covers the UK, and has over 350 affiliated stroke clubs.

<http://www.stroke.org.uk/>

Different strokes

Different strokes is a charity set up in 1996 by younger stroke survivors for younger stroke survivors. It provides a unique, free service to younger stroke survivors throughout the United Kingdom. It is run for active self-help and mutual support.

<http://www.differentstrokes.co.uk/>

Speakability

Speakability is a UK charity that is dedicated to helping aphasic individuals overcome the barriers they face, and rebuild communication through information services, self-help groups, training or treatment.

<http://www.speakability.org.uk/>

The Princess Royal Trust for Carers

The Trust is a national network of 144 carers' centres, reaching 350,000 carers of all ages, UK-wide. Carers' centres are an area's local centre of carer expertise, identifying and including carers and offering advice and support throughout the caring journey. Young carers services provide support and activities to 20,000 carers who are under age 18.

<http://www.carers.org/>
<http://www.youngcarers.net/>

Crossroads - Caring for Carers

Crossroads is a charity concerned with giving time to improving the lives of carers by giving them a break from their caring responsibilities. The aim of Crossroads is to provide a reliable, tailored service, for each carer and the person they care for; there are schemes in most parts of England and Wales which provide a range of services.

<http://www.crossroads.org.uk/>

The National Library for Health - Stroke Specialist Library

The National Library for Health have commissioned a Stroke Specialist Library to bring together high quality knowledge on stroke prevention, treatment and rehabilitation, with the aim of helping to mobilise that knowledge so that stroke patients and their families get better care.

<http://www.library.nhs.uk/Default.aspx>

National Institute for Health Research (NIHR)

The aim of the National Institute for Health Research is to provide the framework through which the Department of Health can position, maintain and manage the health research systems. NIHR funded by the government and other external bodies provides the NHS in England with the support and infrastructure it needs to conduct research

<http://www.nihr.ac.uk/>

National Institute for Health and Clinical Excellence (NICE)

NICE is an independent organisation which aims to provide national guidance on promoting good health and preventing and treating ill-health.

<http://www.nice.org.uk>