

## West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: <b>4 July 2017</b>		Agenda item: 03/17	
Report title:		<b>Learning from patients and the public - Stroke</b> <ul style="list-style-type: none"> <li>• Lessons from public engagement</li> <li>• People's stories</li> </ul>	
Joint Committee sponsor:		Jo Webster, Senior Responsible Officer for West Yorkshire and Harrogate and Accountable Chief Officer for Wakefield CCG	
Clinical Lead:		Dr Andy Withers, Chair of West Yorkshire and Harrogate Clinical Forum and Clinical Chair, Bradford Districts CCG	
Author:		Linda Driver, West Yorkshire and Harrogate Stroke Services Project Lead	
Presenter:		Dr Andy Withers Rory Deighton, Director of Kirklees Healthwatch	
Purpose of report: (why is this being brought to the Committee?)			
Decision		Comment	✓
Assurance	✓		
Executive summary			
<p>Stroke is the third single cause of death in the UK and has a devastating impact on people's lives, their families and carers.</p> <p>Although considerable progress has been made across West Yorkshire and Harrogate, variation continues to exist and as a result further improving quality and stroke outcomes for our population was included as a key priority within the West Yorkshire and Harrogate draft Sustainability and Transformation Plan (STP) published in November 2016.</p> <p>Establishing what service users, their families and carers and members of the public feel and experience about stroke care is very important to us. With this in mind we commissioned an independent piece of work led by Healthwatch.</p> <p>Healthwatch led the initiation of a robust engagement framework which took place during February and March 2017. Over 900 people completed our engagement survey and we directly connected with over 1,500 people, providing us with many comments, all of which are very important to us and will inform our future work.</p> <p>In recognition that many of our staff are or could be future users of healthcare and</p>			

have witnessed first-hand the experience of service users, we felt it important to seek their views as part of this process. Regional and local media were kept informed and Health and Well-Being Boards, Governing Bodies, MP's, Joint Health Overview and Scrutiny Committee and the Regional Lay Member Assurance Reference Group were also updated on the engagement work and asked to encourage people to have their say. The report is attached (Appendix A refers.) The report can also be accessed at <http://bit.ly/2sjcLfa>.

This agenda item will provide members of the West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups, the people of West Yorkshire and Harrogate and other key stakeholders with an overview of the approach we have adopted to engagement and the key findings.

It will include a film of people's stories who have kindly agreed to share with us their experience of stroke services.

We will be sharing our proposed next steps which will be updated to reflect the outcome of today's discussions (agenda item's 3 and agenda 4, 4 July 2017 meeting refer.)

It is important to note that Agenda Item 4 (The Improving Stroke Outcomes Report) will also provide Joint Committee members, the people of West Yorkshire and Harrogate and other key stakeholders with a more detailed overview of the work that is taking place to further improve stroke outcomes. Agenda item 4 makes reference to the Strategic Case for Change, the Engagement Report, our proposed next steps and timelines.

#### **Recommendations and next steps**

West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Group members are asked to:

- Note and comment on the Engagement Report key findings and next steps.

#### **Delivering outcomes:** describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)

We want to make sure our services are 'fit for the future' and we make the most of the skills of our valuable workforce and technology in order to maximise opportunities to improve services, quality and outcomes for local people. For example, further reducing variation and any unnecessary delays along the whole of the stroke care pathway and making more effective use of our resources.

We will be working with our local place based areas to ensure prevention strategies continue to focus on reducing the incidence of stroke and avoidable deaths due to stroke through encouraging healthier lifestyles and reducing inequalities in risk factors of stroke.

This is in line with our strategic vision for stroke and strategic vision and priorities set out in the public summary of the West Yorkshire and Harrogate Draft STP published November 2016. This described the approach we would be adopting across our health and care economy and the work that would take place with key partners to identify opportunities to address the triple aims of improving health and wellbeing, care and quality, and finance and efficiency.

For example from a health and well-being perspective we will be working with each of our six local places in Bradford District and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds and Wakefield to reduce the number of people who die from stroke as well as reducing the number of strokes that occur. One of the ways we will do this is by further improving the way we detect and treat Atrial Fibrillation (Atrial Fibrillation causes a fast and erratic heartbeat which is a major factor of stroke.)

Examples of how we intend to address the care and quality gap include:

- Increasing the proportion of stroke patients assessed by a stroke specialist consultant physician and nurse trained in stroke management within 24 hours;
- Increasing the proportion of patients scanned within 12 hours; and
- Delivery of the new 7-day standards specific to hyper acute stroke, which sets out an ambition that anyone who needs urgent or emergency hospital care will have access to the same level of assessment and review, tests and consultant-led support whatever day of the week.

**Impact assessment** (please provide a brief description, or refer to the main body of the report)

<p>Clinical outcomes:</p>	<p>These are as described above and are also referenced in more detail in the Strategic Case for Change. The Strategic Case for Change is attached to the Improving Stroke Outcomes Report (agenda item 4, 4 July 2017 Joint Committee meeting refers.)</p> <p>A Strategic Case for Change Public Summary and easy read version is available for access at <a href="http://bit.ly/2sjcLfa">http://bit.ly/2sjcLfa</a>.</p>
<p>Public involvement:</p>	<p>Our approach to engagement and the Engagement Report findings are included for reference by Joint Committee members, the people of West Yorkshire and Harrogate and other key stakeholders (agenda items 3 and agenda items 4, 4 July 2017 Joint Committee meeting refer.)</p> <p>The Engagement Report, Strategic Case for Change will be available for access at <a href="http://bit.ly/2sjcLfa">http://bit.ly/2sjcLfa</a>.</p> <p>A Strategic Case for Change Public Summary and easy read version are also available.</p>
<p>Finance:</p>	<p>We want to make sure our services are ‘fit for the future’ and we make the most of the skills of our valuable workforce and technology whilst maximising opportunities to improve quality and outcomes for local people e.g. further reducing variation and any unnecessary delays along the whole of the stroke care pathway and making more effective use of our resources.</p>

	<p>Work is currently taking place to ensure there is a shared understanding of current hyper acute and acute costs between Commissioners and providers of these services.</p> <p>Finance will be an integral component of the work that will take place to ensure we are able to satisfy Joint Committee members, NHS England and other key stakeholders about the broader tests that will be applied to our work related to clinical outcome and risk, public acceptability and finance.</p>
<p>Risk:</p>	<p>A risk register is in place. It is a standing agenda item subject to review at each meeting by core members of the Stroke Task and Finish Group.</p> <p>As the Stroke project is part of the Urgent and Emergency Care Transformation Programme the risk register and actions to mitigate risks are subject to their regular review.</p> <p>As a West Yorkshire and Harrogate STP priority work stream, risks and actions to mitigate risks are also subject to review by the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups. There are currently two risks which have a risk score of 12 and information related to these risks and actions to mitigate them are referenced in Improving Stroke Outcomes Report (agenda item 4, 4 July 2017 Joint Committee meeting refers.)</p>
<p>Conflicts of interest:</p>	<p>These are recorded.</p>