

JOINT STROKE STRATEGY: DRAFT IMPLEMENTATION PLAN

The following table sets out the draft implementation plan and indicative estimated resource implications for the first 3 years of the 5 year strategy. Following approval of the strategy, more detailed work on the plan will be carried out in partnership with stakeholders and definitive yearly resource allocations will be agreed through the usual financial approvals process and as part of the Councils annual budget setting process.

STRATEGIC OBJECTIVE	COMMISSIONING INTENTIONS	INDICATIVE RESOURCE IMPLICATIONS			COMMENTS
		Y1	Y2	Y3	
1. INCREASE PUBLIC AND PROFESSIONAL AWARENESS OF STROKE SYMPTOMS	1.1 Ensure that training plans for key frontline NHS and Social Care, Voluntary, private and independent sector staff includes the use of the FAST test to recognise stroke symptoms.	£0	£0	£0	Yr1 & 2 funded with re-ablement monies. Yr3 funded with efficiency savings.
	1.2 Run local awareness campaigns initially targeting those at highest risk of stroke, including: <ul style="list-style-type: none"> • Older People • Edmonton Green Ward • People of African and Caribbean ethnicity 	£0	£0	£0	Stroke Navigator funding – refer 6.2
	1.3 Explore innovative methods of	£0	£0	£0	Explore potential to tap into

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	awareness raising within the general public in partnership with local organisations such as amongst children who are potential 'stroke savers' and who's parents, grand parents and other loved ones might be at risk of having a stroke.				corporate social responsibility programmes
2. REDUCE THE PREVALENCE OF STROKE AND THE PREVALENCE OF MAJOR STROKE IN PEOPLE WHO HAVE HAD A TIA OR MINOR STROKE	2.1 Ensure that there are systems in place locally for the following key prevention measures: <ul style="list-style-type: none"> • 2.11 managing hypertension so systolic blood pressure is below 140 mmHg; • 2.12 warfarin for individuals with atrial fibrillation; • 2.13 statin therapy for all people with more than 20 per cent risk of cardiovascular disease within ten years; and • 2.14 referral of all smokers to stop smoking services 	£0	£0	£0	Led by GP stroke lead (refer 2.6)
	2.2 Commission active management of hypertension as an extension of QOF, for example, through funding continuous blood pressure	£0	£20,000	£0	Yr 2 pilot funded from NHS Social Care monies. Yr 3 assess pilot and review ongoing commitment.

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	monitoring devices.				
	<p>2.3 Continue to invest in healthy lifestyles promotion and support to people to change behaviour initially targeting:</p> <ul style="list-style-type: none"> • Older people • Edmonton Green ward • People of African and Caribbean ethnicity 	£0	£0	£0	Funded through public health and linked to Everybody Active Strategy.
	2.4 Encourage partnership working across health, social care, and the community and voluntary sector for the provision of healthy lifestyles information and support.	£0	£0	£0	
	2.5 Support initiatives that aim to make physical activity part of everyday life.	£0	£0	£0	Funded through Everybody Active Strategy
	2.6 Identify GP stroke lead whose role will include providing training and awareness raising on local stroke pathways to GPs, A&E staff and hospital medical teams, focusing on:	Potential cost to PCT	Potential cost to PCT	Potential cost to PCT	To be determined.

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	<ul style="list-style-type: none"> • High and low risk stroke pathways • Importance of urgent response to suspected stroke and TIA • Assessment of high-risk patients • Case management and follow up <p>2.7 Explore role of newly formed Clinical Commissioning Group in increasing GP awareness of secondary stroke prevention and agreed local pathways.</p> <p>2.8 Improve quality and consistency of clinical care.</p> <p>2.9 Development of stroke registers</p>	£0	£0	£0	
		£0	£0	£0	Led by GP stroke lead (refer 2.6)
		£0	£0	£0	Stroke navigator lead - Refer 6.2
3. INCREASE THE INVOLVEMENT OF SERVICE USERS AND CARERS IN THE PLANNING, DEVELOPMENT AND DELIVERY OF	3.1 Commission stroke specific survivor training to facilitate full and active participation in service delivery and advocacy for current patients.	£0	£0	£0	Stroke navigator lead - Refer 6.2
	3.2 Develop brokerage services to enable access to direct	£0	£0	£0	Through Council brokerage service

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SERVICES	enable access to direct payments/individual budgets for stroke survivors and their families.				service
	3.3 Ensure people with stroke are informed partners in their care planning.	£0	£0	£0	Stroke navigator lead - Refer 6.2
	3.4 Continue to include service users and carers in the Enfield Stroke Implementation Team and ensure that those with communication and/or physical disabilities are supported to participate.	£0	£0	£0	
	3.5 Ensure that stroke survivors benefit from the personalisation agenda by working closely with service users, voluntary, private and third sector organisations to develop flexible, accessible, responsive services across sectors including transport, leisure and accommodation services.	£0	£0	£0	In line with HASC developing personalisation strategy

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4. IMPROVE STROKE UNIT QUALITY	4.1 Support stroke units to engage patients in service design and delivery through the development of formal links with patient and carer organisations.	£0	£0	£0	Reablement funding stream
	4.2 Ensure all patients are given the recently developed North Central London stroke handbook which provides details of all local stroke services and how to access them.	£1500	£1500	£0	
	4.3 Develop a local performance management and monitoring framework for assessing local stroke units against national clinical guidelines and quality standards.	£0	£0	£0	
5. IMPROVE ACCESS TO COMPREHENSIVE REHABILITATION AND COMMUNITY SERVICES	5.1 Review the provision of rehabilitation services to ensure that we have the right mix of inpatient, community rehabilitation and early supported discharge services to meet the needs of our population.	£0	£0	£0	Yr1: Reablement monies Yr2: Reablement monies
	5.2 Develop comprehensive community rehabilitation services	£400,000	£400,000	£0	

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	which include vocational rehabilitation, Occupational therapy, Physiotherapy, Dietetics, Speech and Language Therapy, rehabilitation assistants and access to Psychology, Counselling, Nursing, Sensory impairment, orthotics, spasticity clinics and driving rehabilitation.				Yr 3 and ongoing: Funded through health services efficiency savings (reduction in inpatient rehab beds, decreased LOS in inpatient rehab and acute, etc.)
	5.3 Commission services to support self-management, e.g. stroke specific expert patient programmes, from a range of providers including the voluntary sector.	£0	£0	£0	Funded under 5.2
	5.4 Develop and support a wide range of local community-based and peer-delivered activities for people who have had strokes and their carers, involving the local voluntary and community sector, for example peer-led conversation groups and peer-support or befriending schemes.	£50,000	£50,000	£0	Yr 1 & 2 funded with reablement monies. Yr 3 funded through health efficiency savings.
	5.5 Commission information, advice,	£0	£0	£0	Co-ordinated by stroke navigator – refer 6.2

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	advocacy and sign-posting through the community and voluntary sector.				
6. ENABLE STROKE SURVIVORS TO FULLY PARTICIPATE IN THE COMMUNITY	6.1 Ensure comprehensive, accessible information and advice is given to stroke survivors on discharge from hospital and that systems are in place to provide information in a variety of formats accessible to all those who have experienced a stroke, and their carers.	£0	£0	£0	Stroke handbook – see 4.2
	6.2 Commission a stroke navigator to provide a single point of contact for stroke specialist advice, undertake regular reviews and help coordinate complex discharges.	£40,000	£40,000	£0	Yr 1 & 2 funded with reablement monies. Review whether to fund ongoing.
	6.3 Expand the newly established Improving Access to Psychological Therapies (IAPT) service across the Borough. Ensure that those working with stroke survivors have the details of the Improving Access to	£0	£0	£0	Mental Health funding

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	<p>Psychological Therapies (IAPT) and other commissioned psychological therapy services so that those that need it can access the service.</p> <p>6.4 Develop effective community based provision of aphasia support.</p>	£15,000	£0	£0	Reablement funding
7. STROKE SURVIVOURS RECEIVE CARE FROM STAFF WITH THE SKILLS, COMPETENCE AND EXPERIENCE APPROPRIATE TO THEIR NEEDS	7.1 Undertake a review of the current local workforce (formal and informal) and develop a plan supporting development and training to create a stroke skilled workforce.	£0	£20,000	£0	Funded out of NHS Social Care funding
8. ENSURE CONTINUOUS SERVICE IMPROVEMENT	<p>8.1 Continue to support the work of the local stroke implementation team in improving local services.</p> <p>8.2 Ensure that the stroke implementation team have a key role in the implementation and monitoring of the stroke strategy</p>	£0	£0	£0	

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9. IMPROVE END OF LIFE CARE	9.1 Fund a Gold Standards facilitator to support care homes and primary care to implement the Gold Standard Framework and reduce avoidable admissions to hospital.	£0	£0	£0	Funded under End of Life Care Strategy implementation.
	9.2 Revise the locally agreed pathway to include people's preferred place to die following stroke and people's preference re use of DNARs (do not resuscitate orders).	£0	£0	£0	
	9.3 Work with care homes that are identified as high admitters to hospital in order to identify what support and training they require to enable them to support residents to die in the care home.	£0	£0	£0	
PROJECT MANAGEMENT	In order to ensure effective implementation of the strategy, investment in additional project management support for 3 years spanning 11/12 – 13/14 is required	£30,000	£60,000	£0	Yr1: £10,000 Stroke Grant; £20,000 reablement monies. Yr 2: £20,000 Stroke grant; £40,00 reablement monies Yr 3: Review whether still required

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Total:		£536,500	£591,500	£0	