



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
26 OCTOBER 2022

**REPORT ON:** DUNDEE AND ANGUS STROKE REHABILITATION PATHWAY REVIEW

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB78-2022

**1.0 PURPOSE OF REPORT**

1.1 This report provides the Integration Joint Board (IJB) with an update of progress made to redesign the Dundee and Angus Stroke Rehabilitation Pathway, previously reported to the IJB in report DIJB44-2021 on 25 August 2021. The development of the pathway emphasises the support and commitment to delivering effective, high quality, specialist care within the community setting.

**2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the redesigned service delivery and financial model of the Inpatient Dundee and Angus Stroke Rehabilitation Pathway as outlined in this report.
- 2.2 Notes the transition of the stroke rehabilitation inpatient beds from Angus to Dundee with establishment of a person centred, stroke specific community rehabilitation pathway which aligns to the national Progressive Stroke Pathway and Tayside patient feedback.
- 2.3 Notes the decommissioning of Ward 7 Stroke at Stracathro Hospital (10 beds)
- 2.4 Note the developing plans for the community-based model to be brought to the IJB in February 2023.

**3.0 FINANCIAL IMPLICATIONS**

3.1 The financial modelling for the preferred option of the new stroke rehabilitation inpatient bed pathway estimates a resource release of around £0.4m in a full financial year.

- 3.2 Detailed workforce modelling has progressed with relevant teams to understand and refine the actual workforce models and the financial implications have been updated to reflect a revised reduction in costs of £0.437m, with these resources being shared across the relevant Directorates / IJBs as detailed in Table 1 below.

**Table 1**

Financial Implications	Position Reported August 21		Updated Position October 22	
	wte	FYE £'000	wte	FYE £'000
Operating Costs				
Total Revenue Operating Costs	68.80	3,700	68.32	3,714
Revenue Funding	77.88	4,100	77.88	4,151
<b>Resource Released</b>	<b>9.09</b>	<b>400</b>	<b>9.57</b>	<b>437</b>
<b>Distribution of Resource Released</b>				
				<b>FYE £'000</b>
Operations Directorate				73
Angus IJB				148
Dundee IJB				216
<b>Total</b>				<b>437</b>

- 3.3 Work is ongoing via the multidisciplinary Project Implementation Group to progress the workforce and financial plan for phase 2 of the stroke pathway redesign, where it is anticipated that further resource investment into AHP community rehabilitation model will facilitate an inpatient bed reduction through early supported discharge (as noted in 4.2.2). A further report detailing these plans will be brought to the IJB in February 2023.

#### 4.0 CURRENT POSITION

- 4.1 The evolving model of care and rehabilitation is to be presented to the IJB's in two linked stages outlining how we will deliver this:
1. October 2022 IJB: In patient bed model with full workforce and financial plans to complete the process of the consolidation of in-patient beds within RVH.
  2. February 2023 IJB: Community based workforce and financial plans.

These stages have been drawn up in line with the Tayside Stroke Rehabilitation Framework.

- 4.2 The multidisciplinary Project Implementation Group continues to meet every two weeks and progress is under the relevant workstreams outlined below:

##### 4.2.1 Workforce:

Medical, Nursing and AHP workforce plans have been finalised based on the new In-Patient service model

As part of the organisational change process, transition of roles is now complete for all Nursing and Allied Health Professions (AHP) staff previously located in Stracathro Stroke Unit. It is important to acknowledge that the recruitment and retention challenges remain for AHP, Nursing and medical recruitment.

#### 4.2.2 **Rehabilitation pathways:**

The review of the Dundee and Angus stroke rehabilitation pathway recommends a community-based rehabilitation model with a single inpatient stroke rehabilitation unit (30 specialist inpatient beds) for the Dundee and Angus population based in Royal Victoria Hospital in Dundee. The next phase of the pathway development will enable the release of resources to be reinvested into the community setting so patients can receive earlier stroke specialist rehabilitation at an appropriate frequency and intensity either in their own homes or in an outpatient setting.

The Royal College of Physician Stroke guidelines give recommendations for stroke rehabilitation care based on high quality evidence or on expert opinion where research evidence is lacking:

- Hospital in-patients with stroke who have mild to moderate disability should be offered early supported discharge, with treatment at home beginning within 24 hours of discharge.
- An early supported discharge team should care predominantly for people with stroke and should provide rehabilitation and care at the same intensity as would be provided if the person were to remain on a stroke unit.
- People with stroke should accumulate at least 45 minutes of each appropriate therapy every day, at a frequency that enables them to meet their rehabilitation goals, and for as long as they are willing and capable of participating and showing measurable benefit from treatment.

The Dundee and Angus stroke pathway aims to offer those patients with mild to moderate stroke all of their stroke specialist rehabilitation in the community setting where clinically safe to do so. This would be offered at the same intensity and frequency as hospital-based stroke rehabilitation initially and thereafter at an appropriate intensity and frequency to achieve their goals. For those receiving their rehabilitation in the hospital setting, the Dundee and Angus stroke pathway aims to offer stroke specialist supported discharge to support an earlier return to the community setting to complete their rehabilitation and achieve their best life after stroke. The community AHP services will each formulate their own profession specific rehabilitation timetable to meet the patient goals.

We are continuing to develop and test new ways of working with the third sector and delivery models are progressing for the Neurological and Stroke Hub (NASH) to support patients and their families after hospital discharge and those living with stroke in the community setting. Feedback received to date through the consultation and test of change sessions has been very positive and progress is ongoing to expand further and improve accessibility and local delivery across the Angus and Dundee localities.

#### 4.2.3 **Communication and engagement:**

Previous papers to the IJB have referenced significant communication and engagement activities with staff and people with lived experience of stroke.

#### 4.2.4 **Quality / Patient Care:**

Providing non-acute specialist Stroke Rehabilitation Services on one site has ensured we can deliver safe, effective, high quality, person-centred care; and people, irrespective of age, have equitable access to high quality Stroke Rehabilitation. This has also ensured adequately staffed clinical teams can offer specialist in-patient Rehabilitation Services, to enhance optimal recovery and earlier discharge from hospital.

Further investment in the stroke community rehabilitation services is expected to demonstrate a positive impact on length of stay and delayed discharge. A regular review of the data is ongoing.

An impact-based assessment will be carried out to evaluate the impact of the early supported rehabilitation on inpatient bed numbers/rehabilitation waiting times/length of stay/staff and patient/carer feedback /patient outcomes.

We will work closely with other services to develop their teams to support patients receiving their rehabilitation in the community setting e.g. home care services, community nursing.

## 5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

## 6.0 RISK

<b>Risk 1 Description</b>	Issues with the recruitment and retention of required workforce to deliver Specialist Stroke Rehabilitation Care.
<b>Risk Category</b>	Workforce
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (High Risk)
<b>Mitigating Actions</b> (including timescales and resources)	There is a rolling recruitment programme, working across the whole pathway to consolidate recruitment and retention. Consideration for rotational roles.
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
<b>Approval recommendation</b>	Given the level of risk inherent in the existing structure, this is manageable with the ongoing mitigation.

<b>Risk 2 Description</b>	Risk around increasing numbers of patient presenting with stroke. Scottish stroke care audit data demonstrates an increase of around 20%. This increase within Tayside is reflective of data across Scotland.
<b>Risk Category</b>	Operational
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
<b>Mitigating Actions</b> (including timescales and resources )	Development of the community based care and the NASH will help discharges to be facilitated and enable capacity and flow to be managed
<b>Residual Risk Level</b>	Likelihood 3x Impact 2 = Risk Scoring 6 (Moderate Risk)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate Risk)
<b>Approval recommendation</b>	Given the level of risk inherent in the existing structure, this is manageable with the ongoing development of community based services.

## 7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

## 8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

<b>Direction Required to Dundee City Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
(Direction agreed August 2021, no new direction required)	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

Vicky Irons  
Chief Officer

DATE: 3 October 2022

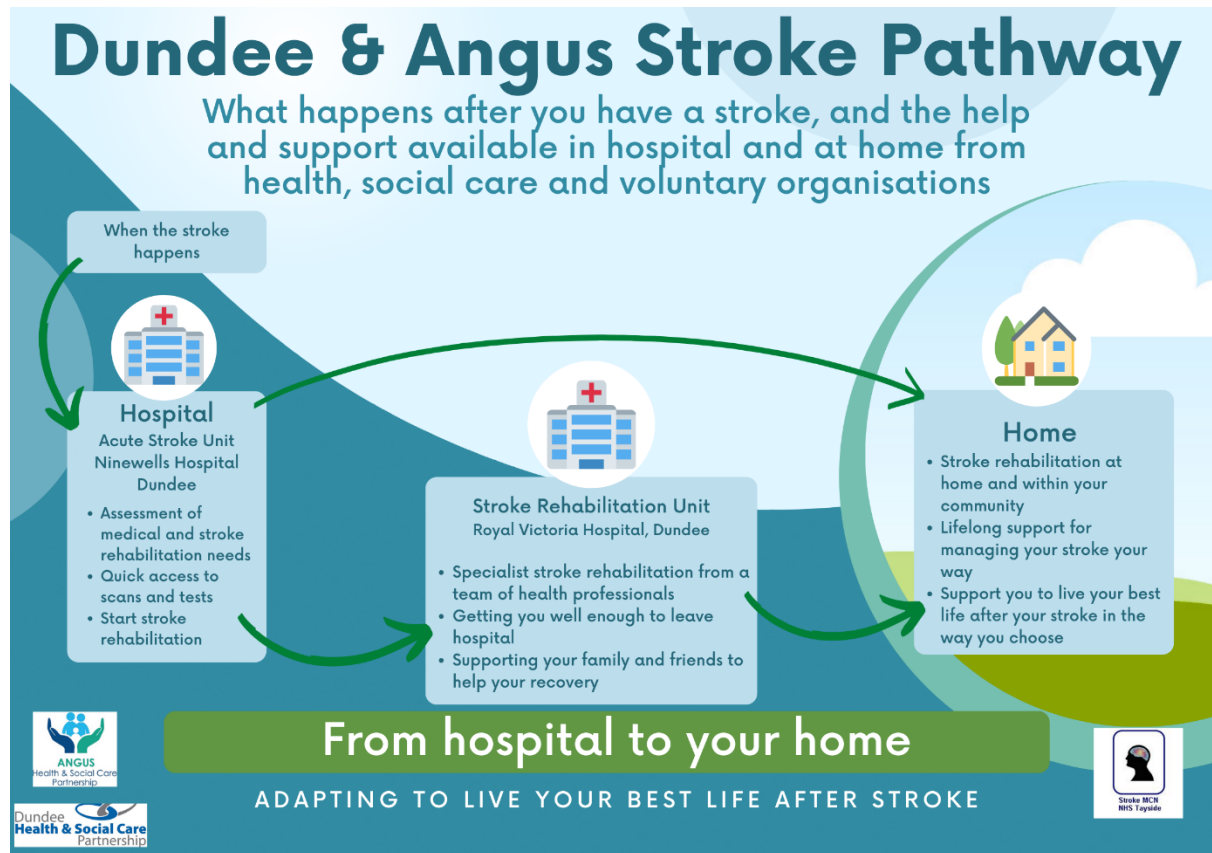
Fiona Barnett Associate Locality Manager,  
Lynne Morman Associate Locality Manager

### List of Appendices:

Appendix 1 – Pathway Overview Infographic

*This page is intentionally left blank*

## Appendix 1



*This page is intentionally left blank*