



**Coventry and Warwickshire Joint Health Overview and Scrutiny
Committee**

Time and Date

10.00 am on Wednesday, 20th March, 2019

Place

Committee Room 3 - Council House, Coventry

1. **Appointment of Chair - to confirm the appointment of Councillor Gannon as Chair of the meeting**
2. **Welcome and Introductions**
3. **Apologies and Substitutions**
4. **Declarations of Interest**
5. **Process and Timescales for Completion of the Review of Stroke Services**
(Pages 3 - 4)
Report of Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG)
6. **Any other items of Public Business**
Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Martin Yardley, Deputy Chief Executive (Place), Council House Coventry

Tuesday, 12 March 2019

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: (024) 7683 3073 e-mail Liz.knight@coventry.gov.uk

Membership: Coventry - Councillors J Clifford, D Gannon (Chair), J Innes, D Kershaw and M Lapsa

Warwickshire – Councillors M Cargill, C Golby, J Holland, W Redford and J Roodhouse

Please note: a hearing loop is available in the committee rooms

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OR if you would like this information in another format or
language please contact us.

Liz Knight

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Coventry and Warwickshire Joint Health Overview and Scrutiny Committee

Briefing note

To: Coventry and Warwickshire Joint Health Overview and Scrutiny Committee

Subject: Process and timescales for completion of the review of Stroke Services

1 Purpose of the Note

- 1.1 To provide Members with an update of the process and timescale to complete the Stroke Improvements pre-consultation business case and the NHSE assurance processes.

2 Recommendation

Members are asked to receive the report for information, and to inform future planning of JHOSC participation in the public consultation process.

3 Background

The local Commissioners in Coventry and Warwickshire started a project to improve services for those who have a Stroke, or have a Transient Ischemic Attack (TIA – sometimes known as a mini stroke) in April 2014. The improvements aim to reduce the number of deaths and the scale of disability caused by having a stroke, and to improve the equity of stroke care.

In 2014, the improvement began as a review of the hospital stroke and TIA service, however feedback from the engagement of the public and patients in co-production of the improvements embedded in the project, led to an expansion of the original scope, to include a “pathway of excellence approach” for Stroke care to include action to prevent more strokes, a comprehensive specialist stroke rehabilitation service available across Warwickshire as well as Coventry, and a reconfigured hospital service.

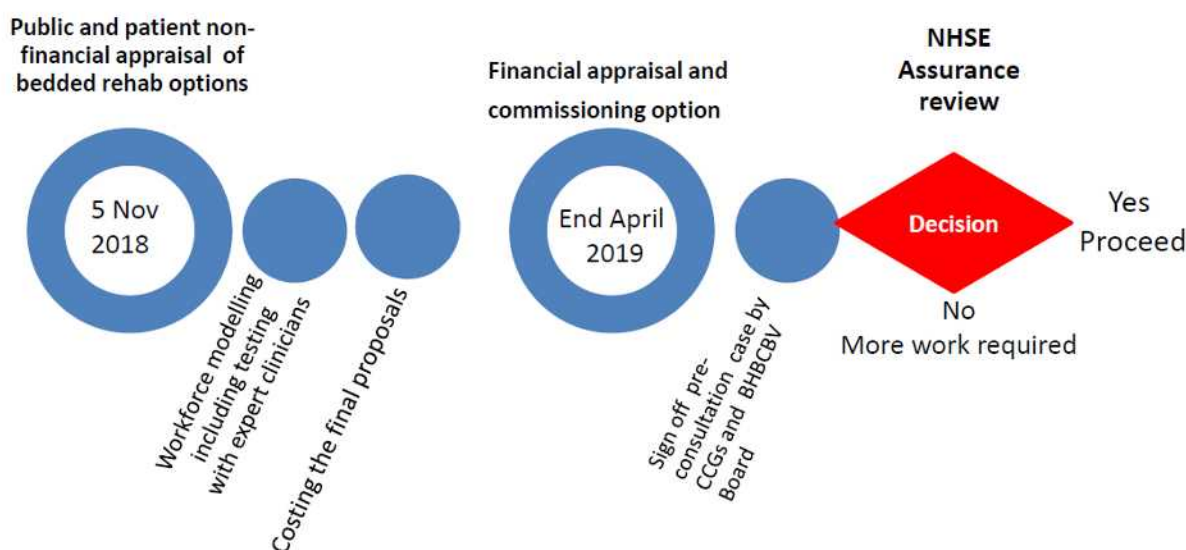
The expansion of the scope has added complexity, cost and time in agreeing final proposals, and securing assurance on the proposition from NHSE. The complexity derives from a much broader spectrum of professionals and organisations needing to agree the proposals; the need for further engagement with patients and the public testing proposals and specifically latterly, completing the option appraisal for bedded rehabilitation; and the additional costs of the proposals coming at a time when several local NHS organisations are challenged financially.

This briefing builds from that provided for HOSC members in August 2018, the key points of which were that additional evidence was required prior to completing the pre-consultation business case and next stage assurance with NHSE. The additional work and evidence required related to,

- Workforce planning. The Panel asked for greater detail that includes plans for sustainability of the workforce proposals and more details on the overall financial and workforce impact on each of the health provider Trusts,
- Further evidence of “stress-testing” the proposals for times of peak demand on hospitals. We provided evidence in the usual sensitivity analysis, but they asked for further evidence that demonstrates the proposals are workable at times of peak demand for all diagnostic and bedded services.

4 Progress and current status of the pre-consultation business case

- 4.1 Over 200 people were invited to participate in a non-financial option appraisal for the location of stroke rehabilitation beds. These beds would be required by the small percentage of people who were not able to receive their rehabilitation at home. Over 40 people attended the event held on 5 November, and participants included representatives of the public, patients and professionals.
- 4.2 On conclusion of this event, the workforce planning was completed, and we are currently awaiting advice from the expert stroke clinical network as to the adequacy of the proposed rehabilitation workforce.
- 4.3 Once we have confirmed the workforce, the final costings of proposals can be concluded and the financial option appraisal completed. The pre-consultation case will then be presented for signing off with the health commissioners and Better Health Better Care Better Value Board, as ready for presentation to NHSE for assurance testing. At this stage we will know whether the case is suitable for public consultation.
- 4.4 A timeline of key events is shown below.



- 4.5 Further work has been concluded on ensuring that at times of peak and surge demand, the hospital services can accommodate the additional stroke patients ensuring adequate access to diagnostic and specialist bedded services.
- 4.6 The Integrated Impact Assessment of the proposals has been updated following the non-financial option appraisal. The detailed report and a summary are shortly to be made available as evidence of our consideration of assessment of the equality, travel, and health impacts of proposals prior to any decision to go to public consultation.
- 4.7 Each NHS provider trust, is being asked to sign off the final proposals as deliverable and sustainable, prior to the final pre-consultation business case being tested for assurance by NHS England. As NHS organisations are currently going through the final phases of contracting and operational planning for 2019/20, and NHSE and NHS Improvement are reforming under the leadership of Simon Stevens as the new single Chief Executive, it is not possible to forecast with certainty a timescale for the NHSE assurance review.

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