

Report to:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Relevant Officer:

Sharon Walkden, Project Manager, Acute and Specialised Services Portfolio, Lancashire and South Cumbria ICS

Date of Meeting:

31 March 2022

ENHANCED ACUTE AND REHABILITATION STROKE SERVICES IN LANCASHIRE AND SOUTH CUMBRIA

1.0 Purpose of the report:

1.1 To provide an update on the Enhanced Network Model of Acute Stroke Care and Rehabilitation in Lancashire and South Cumbria as previously agreed by the Committee.

2.0 Recommendation(s):

2.1 To consider the update provided and provide robust challenge, identifying any further scrutiny required.

3.0 Reasons for recommendation(s):

3.1 To maintain review of the service development.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 The Committee previously met to consider this topic on 20 September 2021. The outcomes of that meeting are detailed below having been previously reported to Members on 14

October 2021. A presentation is attached at the appendix, which will be presented at the meeting.

6.2 **Enhanced Network Model of Acute Stroke Care and Rehabilitation in Lancashire and South Cumbria**

Councillors Hutton, O'Hara, D Scott, M Scott, Hunter and Wing attended a briefing led by Catherine Curley, Clinical Director, Sharon Walkden, Project Manager and Jack Smith, Director, all from the network model of stroke and rehabilitation.

Members were provided with an overview of the key concerns in stroke care provision and rehabilitation in Blackpool and noted that the performance of key services in Blackpool was significantly behind other areas in Lancashire and South Cumbria. It was noted that a key aim of the new model was to level up provision and make significant improvements to services in Blackpool.

The key to good outcomes was the speed at which a stroke was accurately diagnosed and it was noted that in order to address this it was important to have good paramedics, a specialist team at the door to the emergency department and a 24/7 presence in the department. Members asked numerous questions with regards to how the improvement would be achieved in Blackpool and the timescales for this improvement.

It was reported that there would be three acute stroke centres in Lancashire and South Cumbria, one of which would be located in Blackpool. There was ringfenced capital funding to modify and provide the necessary equipment for improved provision and recruitment would commence in January 2022. The difficulties in staffing in the NHS were noted and it was highlighted that well trained stroke specialists were required which made these positions attractive to existing staff in other departments. It was hoped that staff would be ready to commence in post in April 2022.

The representatives in attendance felt that improvement would be seen in the statistics for Blackpool in the new financial year and that the new staff, when in place, would make a significant difference to performance as they had in Blackburn. The importance of leadership was also noted.

It was agreed that a further update would be provided to the Committee at its meeting on 31 March 2022 to update on the recruitment position and other action taken in order to improve stroke services in Blackpool.

6.3 Does the information submitted include any exempt information?

No

7.0 List of Appendices:

7.1 Appendix 4(a): Presentation

8.0 Financial considerations:

8.1 None associated with this report.

9.0 Legal considerations:

9.1 None associated with this report.

10.0 Risk management considerations:

10.1 None associated with this report.

11.0 Equalities considerations:

11.1 None associated with this report.

12.0 Sustainability, climate change and environmental considerations:

12.1 None associated with this report.

13.0 Internal/external consultation undertaken:

13.1 None associated with this report.

14.0 Background papers:

14.1 None associated with this report.