



# HILLINGDON

LONDON

## Policy Overview Committee Review Scoping Report 2015/16

### Stroke prevention in Hillingdon

#### **Aim of review**

This review aims to examine what is currently being done to prevent strokes in Hillingdon and investigate best practice from both other Local Authorities and stroke organisations.

To meet this aim the following Terms of Reference are proposed:

#### **Terms of Reference**

1. To gain a comprehensive understanding of what strokes are and to place its prevalence in a national and local context.
2. To establish what Hillingdon's interventions are and what work Public Health is currently doing.
3. To gather evidence from other Local Authority Public Health Teams about what work they are doing to inform Hillingdon's approach.
4. To receive and consider evidence from stroke organisations and experts to see how Hillingdon's approach might be improved.

#### **Reasons for the review**

As per the GP data in 2014/15 there were 3,336 patients in Hillingdon who had suffered stroke. The estimated average cost to the NHS of a stroke per patient is £10,000. Approximately a third of new care home admissions are for people with first strokes, which can cost £100,000 per year for as long as the person lives.

Raising awareness of stroke prevention and learning lessons from external organisations will contribute to the Council's preventative agenda, given the long term human and financial costs associated with aftermath of stroke.

This Committee's Terms of Reference state that some of its core areas of responsibility include: Adult Social Care, Older People's Services, care and support for people with physical disabilities, mental health problems and learning difficulties, Local Authority Public Health Services and encouraging a fit and healthy lifestyle. As will be seen from the information contained below, it is clear that the implementation of the prevention agenda touches upon many areas of the Committee's remit and, therefore, is an appropriate topic for its consideration.

## **INFORMATION AND ANALYSIS**

### **What are strokes?**

Strokes are defined as a 'brain attack' when the blood supply to part of the brain is cut off. Blood carries essential nutrients and oxygen to the brain. Without such a blood supply, brain cells can be damaged or destroyed.

The two main types of stroke are:

- 1) Ischaemic stroke, which is the most common type, caused by a blood clot in the brain and
- 2) a Haemorrhagic stroke caused by a bleed in the brain.

A Transient Ischaemic Attack (TIA) is also known as a mini stroke and occurs when the brain's blood supply is briefly interrupted.

Common problems after a stroke include problems of weakness, clumsiness or paralysis; swallowing; speech and language; understanding; eyesight; recognising objects and knowing how to use them; concentration of paying attention and remembering; and difficulty in controlling emotions.

### **What action is the Council currently taking?**

Prevention: The best way to prevent stroke is healthy eating, being physically active, smoking cessation, keeping your weight down and sensible drinking.

#### **(Local Action)**

**Healthy Eating:** Public awareness and targeted action to reduce intake of fat and salt in diets prevents risk factors like high blood pressure and high cholesterol. Hillingdon Council is implementing a project where fast food restaurants will be encouraged to reduce salt and fat in food they serve.

**Smoking:** Hillingdon Stop Smoking Service provides support for smokers to quit. Smoking significantly increases an individual's risk of having a stroke. Helping more smokers to quit smoking is likely to decrease the population level risk.

**Exercise:** Hillingdon Council's Leisure Services provides a comprehensive programme of activities to encourage people to increase their fitness levels. For most people, at least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity, such as cycling or fast walking, every week is recommended. After suffering a stroke, rehabilitation and gradually increasing activity level (as per medical advice) is recommended.

**Alcohol:** The Council has an array of initiatives to encourage sensible drinking in the borough from licensing, support and treatment via commissioned Drugs and Alcohol services and an A&E liaison specialist. Excessive alcohol consumption can lead to high blood pressure and trigger irregular heartbeat (atrial fibrillation), both of which can increase the risk of having a stroke. Alcohol being high in calories also contributes to excess weight hence increases the risk in many ways.

**Weight loss:** Hillingdon Council is currently piloting weight loss services to support local residents because currently 63.4% of Hillingdon's adult population carries excess weight; and 23.3% are classified as clinically obese. Excess weight increases your risk of developing high blood pressure, high cholesterol and the risk of vascular diseases including stroke. With the majority of the adult population in the overweight bracket, effective and adequate provision for people to achieve weightloss is important for reducing the risk of cerebro-vascular disease.

### **(National Action)**

**Awareness Raising:** Nationally, FAST campaign has been a hugely effective tool to raise awareness of stroke. Public Health England's (PHE) evaluation of the campaign saw a 70% rise in the number of emergency calls for stroke, meaning that 40,000 more people got to hospital within 3 hours of their stroke symptoms starting and nearly 4,500 fewer people became disabled as a result. Figures showed that although the campaign cost £12.5m it provided a return on investment of £332.9m including a decrease in care costs and benefit to the state. Therefore, raising awareness of symptoms at population level saves lives and is cost effective.

**NHS Healthchecks and Identification of risk factors:** Hillingdon Council commissions the NHS Health checks programme via local pharmacists and GPs. It is aimed at the population group aged 40-74 years for identifying the risk of vascular diseases including strokes. One of the earlier studies found that NHS healthchecks averted 1800 strokes per year in England. Since then, the programme has been rolled out nationally and identifying AF (Atrial fibrillation - one of the risk factors for stroke) has been added to the programme. Checking adequate numbers of residents is likely to increase our capacity to prevent more strokes.

Regulations made in 2013 set out legal duties for local authorities to make arrangements for NHS Health Checks to be offered to each eligible person aged

40–74 years once every 5 years and for each person to be recalled every 5 years if they remain eligible so that the risk assessment includes specific tests and measurements, as well as to ensure the person having their health check is told their cardiovascular risk score and their other results.

## **Support Services**

**Rehabilitation and Community Support:** Local authorities are responsible for providing care services to stroke patients and to work with NHS to prevent the risk of further harm, including risk of stroke. These services range from rehabilitation, overcoming communication difficulties, sensory loss and physical difficulties and psychosocial support. Effective rehabilitation can significantly limit disabilities.

The Committee will hear evidence on the current prevalence of stroke, prevention services and the challenges being faced. This will offer an opportunity for the Committee to consider best practice and learning from outside bodies which will contribute to ensuring that the Council is in an improved position to reduce instances of stroke and support those residents afflicted by this life-threatening medical condition.

## **EVIDENCE & ENQUIRY**

### **Witnesses and timeframes**

This is a two meeting review meaning that it will base its recommendations on the findings of two witness sessions. It is considered that an informal meeting taking place between a few Members of the Committee with stroke sufferers would be a useful tool to add insight and for the review. The timeline set out below will ensure that the Committee's report will be considered by Cabinet in July 2016.

The suggested witnesses for these sessions and the suggested dates are set out below:

<b>Session Information</b>	<b>Suggested Witnesses</b>
<b>Agree Scoping Report</b> <i>(23 February 2016)</i>	The Director of Public Health / Deputy Director Residents Services will be present at the meeting to present the scoping report
<b>Witness Session 1</b> <i>(24 March 2016)</i>	<ul style="list-style-type: none"> <li>▪ Representative of the Public Health Team</li> <li>▪ Representative from a best practice Authority</li> </ul>
<b>Witness Session 2</b> <i>20 April 2016)</i>	<ul style="list-style-type: none"> <li>▪ Representative from the Stroke Association</li> <li>▪ GP Representative</li> </ul>
<b>Consideration of Draft Final Report</b> <i>(23 June 2016)</i>	The draft final report will be presented by the Democratic Services Officer.
<b>Report to Cabinet</b> <i>(21 July 2016)</i>	

### **Risk Assessment**

Relevant officers have been advised that this review is proposed and are aware of the possible implications on their workload.