

Stroke Prevention in Hillingdon



A review by the Social Services, Housing & Public
Health Policy Overview Committee

Councillors on the Committee for the 2015/16 Municipal Year

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Chairman's Foreword



Stroke is one of the main causes of disability among those residents aged 65 and over. In Hillingdon, where thousands of residents come under that age bracket, and with Britain's aging population, it is more important than ever to find ways to help residents live long and healthy lives.

Stroke is a condition that is largely preventable, so limited interventions can have a significant impact on reducing the chances of stroke. It is our intention to find helpful interventions and implement them to improve prevention, and this review can play a significant part in achieving those goals.

Hillingdon Council's Better Care Fund has also been operational for over a year now, and states that one of its aims is to provide better support for those people at risk of stroke. While the review is independent of the Fund, and hopes to find solutions and help in combating a preventable issue, the opportunity to further explore the problem while also looking at a vital aspect of the Better Care Fund cannot be missed.

The review heard evidence from Officers, the Director of Public Health and others to find ways Hillingdon Council can improve stroke prevention and help residents better understand what causes stroke. Raising awareness of the causes of stroke, through various proposals, communications and projects, is seen as key in helping residents understand that minor changes to their lifestyle can make a huge difference in preventing the threat of stroke.

My belief is that the recommendations in this review, along with the work officers have already undertaken to combat stroke, will help achieve this goal of improving stroke prevention and helping reduce the threat of this easily combated illness.

Councillor Wayne Bridges

Chairman of the Social Services, Housing & Public Health Policy Overview Committee

Recommendations

Following the witness sessions with Officers, information from neighbouring boroughs, service users and carers, the Social Services, Housing and Public Health Policy Overview Committee saw it fit to recommend:

Recommendation 1

Universal Offer

That Officers be requested to develop the universal offer to prevent stroke and for this to include smoking cessation, physical activity and health and nutrition - (Primarily with the Sport and Physical Activity Team).

Recommendation 2

Communications

That Officers be requested to develop a campaign on stroke risk and stroke prevention using multiple channels which is sensitive and appropriate.

Recommendation 3

Prevention & Health Checks

That the Council, working in partnership with the Hillingdon CCG, be requested to promote and develop health checks as a vehicle for identifying residents at an increased risk of stroke.

Overview

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, and without such a blood supply, brain cells can be damaged or destroyed.

The two main types of stroke are:

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

The Aftermath of Stroke

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.

Rationale Behind the Review

The Social Services, Housing, and Public Health Policy Overview Committee heard, 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 and 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 the aftermath of stroke.

The report has been structured to reflect the Committee's two main areas of concern, and the aims of the review:

1. Examining what Hillingdon Council's interventions are, and what work Public Health, Residents Services and the Wellbeing Team are currently doing to help those who suffer from stroke; and,
2. Gathering evidence from other Local Authority Public Health Teams, regarding the work they are doing, to inform Hillingdon's approach to their response to stroke.

Prevalence and Challenges of Stroke

At the first meeting of the review, officers provided a break down on the prevalence of stroke, and identified which groups had higher susceptibility to stroke:

Age and Gender

Older men and women are more susceptible to stroke in the UK, as 74% of strokes happen in people aged over 65, and the remaining 26% in those below the age of 65. Men also face a 25% higher risk of stroke than women, and are more likely to suffer stroke at a younger age than women too.

Stroke is not solely suffered by adults though, and it occurs in a small number of children.

Ethnicity

The risk factors that contribute to stroke can vary among different ethnicities, meaning people from different ethnicities may be more likely to suffer strokes for different reasons;

- Black people are twice more likely to suffer strokes than residents of other ethnicities. This is partly due to the higher prevalence of high blood pressure, diabetes and sickle-cell disease among the ethnicity;
- White people are more likely to have an irregular heartbeat and a higher prevalence of excessive alcohol use;
- Bangladeshi and Pakistani men are more likely to smoke than the rest of the UK population;
- South Asians are more likely to have high blood pressure, high cholesterol and diabetes than white people, and are more likely to have strokes at significantly younger age than white people too; and,
- Indian men and Pakistani women are more than twice as likely to have Type 2 diabetes, compared to the average UK population.

Social Deprivation

Residents in economically deprived areas of the UK are twice as likely to suffer a stroke, more likely to suffer a stroke at a much younger age, and also three times more likely to die from stroke than residents in other areas of the UK.

Risk Factors

There are a number of various risks with increase the chances of suffering a stroke and some of these contributory factors are outlined below:

Atrial Fibrillation

This is described as the irregularly irregular heartbeat which increases the risk of stroke by five-fold. Around 3,500 people in Hillingdon are 'recorded' as having this condition.

Type 1 and Type 2 Diabetes

These two forms of diabetes double the risk of stroke as having too much sugar in your blood causes fatty deposits to build up in the arteries. There are over 14,700 Type Two diabetes sufferers in Hillingdon recorded on GP registers. However, the actual estimated number is over 19,000 (modelled prevalence), with the rest of the affected people not being aware of the condition.

High blood pressure

This is one of the main contributory factors of strokes, with 54% of strokes caused by blood pressure. GP registers showed that 12.35% of the adult population in Hillingdon were affected by high blood pressure, with over 37,000 'recorded' hypertension sufferers in the borough. However, modelled estimates suggest that around 22% of residents, in fact, suffer from hypertension in Hillingdon.

High blood cholesterol level

Excessive cholesterol level in blood can cause narrowing of arteries, which in turn can cause heart attack or stroke.

Obesity

The risk of stroke is increased by obesity through many mechanisms, including high blood pressure, high cholesterol, sleep apnoea and diabetes mellitus. In Hillingdon, 63.4% of residents carry excess weight, of which 23% of adults are estimated to be obese.

What does Hillingdon do to combat stroke?

Examining what Hillingdon Council's interventions are, and what work Public Health, Residents Services and the Wellbeing Team are currently doing to help those who suffer from Stroke

At the outset of the review, officers outlined what preventative measures could be taken by an individual, and supported by Hillingdon Council, to reduce the risk of the stroke. These actions included:

Healthy Eating

Public awareness and targeted action to reduce the intake of fat and salt in diets prevents risk factors, such as high blood pressure and high cholesterol. Limiting salt, sugar and saturated fat, while consuming plenty of fresh fruit, vegetables, oily fish, lean meat, mono-saturated oil such as olive oil, nuts, and whole grain foods as well as keeping hydrated helps to achieve this. 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, and helping more smokers to quit is likely to decrease level of risk of strokes across the population.

Exercise

Regular activity helps to lower blood pressure and reduce the risk of Type 2 Diabetes, heart disease, and chances of having a stroke. Hillingdon Council's Leisure Services provide a comprehensive programme of activities to encourage people to increase their fitness levels. For most people, at least 150 minutes (two hours and thirty 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

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 increasing the risk in many ways.

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.

Weight Loss

Hillingdon Council is piloting weight loss services to support local residents, as currently nearly two-thirds of Hillingdon's adult population carries excess weight and just under a quarter 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 provisions for people to achieve weight-loss are important for reducing the risk of cerebro-vascular disease.

Rehabilitation and Community Support

Local authorities are responsible for providing care services to stroke patients and to work with the NHS to prevent the risk of further harm, including risk of stroke. These services range from rehabilitation, overcoming communication difficulties, sensory loss, physical difficulties and psychosocial support. Effective rehabilitation can significantly limit disabilities and the Council offer a number of support services to help those who have suffered a stroke.

- The Council supports people who have had a stroke and their carers while addressing their personal care needs to maximise their independence. The level of contribution from the Council is dependent on assessed needs and whether they meet the national adult social care eligibility criteria.
- The Council's Reablement Team works very closely with the Stroke Unit to provide up to six weeks assistance with learning or re-learning daily living skills. Referrals are made by the Stroke Unit following a period of rehabilitation, and the support from the Reablement Team is provided free of charge for up to six weeks.
- The Council's Specialist Sensory Team will provide rehabilitation to people who have experienced sight or hearing loss as a result of stroke.
- The Stroke Association is funded by the Council to provide two services intended to support people living with stroke and their carers. One of the services is a specialist information and advice service, and the intention is to provide high quality information, emotional support and practical assistance in the aftermath of a stroke. Council funding pays for 0.69FTE Information and Advice Coordinator and volunteer expenses. The other service is the Communication Support Service, which works with Hillingdon residents who have developed communication difficulties after a stroke. It provides long-term and time limited outcome-orientated support that addresses communication difficulties and helps combat isolation, increasing stroke sufferers' confidence to participate in mainstream activities in the community. Funding from the Council would also pay for a 0.69FTE Communication Support Coordinator and volunteer expenses.

Awareness Raising

Nationally, the FAST (Face; Arms; Speech; Time) 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 three 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.



Considering the evidence and witness testimony received, the Committee recommended that:

1

Officers be requested to develop the universal offer to prevent stroke and for this to include smoking cessation, physical activity and health and nutrition - (Primarily with the Sport and Physical Activity Team).

What do other councils and organisations do to combat Stroke and how can this help Hillingdon?

Gathering Evidence from other Local Authority Public Health teams, regarding the work they are doing, to inform Hillingdon's Approach to their response to Stroke

Unfortunately, despite best efforts, the timescales for the review meant Officers were unable to dovetail the availability of witnesses from other Local Authorities to the meeting dates. As a result, the Committee requested officers to contact several other Local Authority Health Leads, responsible for stroke prevention services and to integrate these responses as an appendix to the Committee's report.

Proposed Improvements to Enhance Stroke Prevention

Given many members of the Committee were unaware what the possible long-term ramifications could be as a stroke survivor, and what support networks existed at the start of the review, it became apparent there was scope to make a series of improvements. The second part of the review centred on increasing a general awareness about stroke prevention and, looking to the future, considered what mechanisms might be used to achieve this.

Increasing Awareness

Strokes were more prevalent in economically deprived areas due to several reasons, including, but not limited to: the greater number of residents from ethnic minorities who are at higher risk, high concentration of risk factors like smoking prevalence, high rates of high blood pressure, atrial fibrillation and diabetes, poorer housing conditions and a greater number of adverse lifestyle choices.

The Committee noted the contrast that those with the best knowledge needed the least care, and vice versa, and agreed that more emphasis was needed on how information got into the open forum in the future.

Having taken on the points raised by GPs, the Committee considered that existing mail shots or e-communications, e.g. the flu campaign could be used as vehicles to disseminate helpful information about stroke and practical prevention measures which could be easily taken. TVs and/or message boards in GP surgeries might be used to provide reflective messages which could then be read by patients awaiting treatment, or aid subliminal advertising of preventative measures, were also suggested.

During the review, officers provided details of the action the Council was already taking locally to help educate residents about the risk of stroke, as well as highlighting the national campaigns that were taking place:

- Public Health worked in partnership with the Environmental Health Team to scope how salt usage in Hillingdon's fast food outlets could be reduced.

- The Council also hoped to educate residents about the risks posed by being overweight, drinking, and smoking. National campaigns such as 'Stoptober' were promoted locally.
- The Council explored options to provide additional blood pressure checks at Pharmacies and Public Libraries. At the time of the review, 43 out of 48 GP surgeries in Hillingdon provided blood pressure monitoring.
- There was an action plan to address physical activity. 'Active Hillingdon', a Sport England funded programme, encourages a number of different activities, while the Council also run mature exercise programmes, 'Parklife', which encourages people to enjoy their local parks while keeping fit through jogging, walking and other activities, and the 'Let's Get Moving' exercise referral scheme.
- Health Checks are publicised in the Council's residents' magazine, "Hillingdon People", which is sent to all households (circa 111,000) in the Borough, six times a year.
- There have been preliminary discussions with those who load promotional material on TV screens in GP surgeries.

'Let's Get Moving'

The Sport and Physical Activity Team offered a range of activities to assist residents in keeping active, and GPs can refer patients suffering from long-term conditions, like high blood pressure and diabetes, to the 'Let's Get Moving' exercise referral scheme.

'Let's Get Moving' offers residents the opportunity to take part in a twelve week physical activity on referral programme. The scheme is free, and anyone can join who is currently inactive, overweight, or suffering from a medical condition.

The aim of the programme is to:

- Provide support on choosing an activity that's right for the individual;
- Assist with setting realistic and achievable goals;
- Provide on-going support and encouragement;
- Offer advice and guidance on how to be active, taking into account personal circumstances; and,
- Help provide a personal plan on how to get active.

In the past year, 35 people within the Borough have attended the Stroke Referral programme, with regular class numbers around eight each week. Many patients who have attended classes have increased their self-confidence, tend to socialise more and learn new skills. Endurance and strength is generally increased too, and improvements in motor skills, flexibility, co-ordination and balance are often experienced.

Positive outcomes from the campaign have included monitoring of BMI, blood pressure and waist circumference, fewer GP visits, less pain and tiredness, better sleep patterns and improved general fitness.

The Stroke Association

The Stroke Association is the leading charity in the UK for people affected by stroke. In the last twenty years, the number of people dying of stroke has halved, while the number of major strokes has decreased by 40%. More people than ever are benefitting from cutting-edge

treatments and making full recoveries. In addition, more people now understand the need to seek emergency treatment for stroke.

In Hillingdon, the Stroke Association provide information, advice and guidance about preventing stroke, but also offer support and referral programmes for survivors of stroke. The organisation tries to target those groups at the highest risk and raise awareness of the condition. In many cases, lots of people do not realise that they have high blood pressure which is one of the most significant risk factors.

To raise awareness over the last year, the Stroke Association has held a number of events and activities for local residents including information stands, talks, presentations and blood pressure checks at local leisure centres, community centres and events, and local businesses. Often these talks and presentations are aimed at carers or residents who are most at risk of stroke, such as at Hillingdon Carers Health MOT Day or Age UK Interactive Older People's Club, and community groups are targeted too; particularly those who are at high risk, like BME groups.

These events can also be used to coincide with other health drives; for example, information stalls and blood pressure checks were available at the launch event for 'Healthy Heart Month' at Uxbridge Library and at the 'Health Awareness Day' at Hillingdon Leisure Centre, while a facilitated 'Know Your Blood Pressure' event was held at Royal Mail Heathrow Airport.

The Committee suggested that, having heard about the excellent work done by the Stroke Association, in conjunction with its partners, they may wish to consider exploring existing networks, such as Council-supported sports clubs, when looking to recruit future volunteers.

Councillors also attended a social event held by the Stroke Association with stroke survivors. All the attendees were impressed by the level of support the organisation provided, particularly as many of the stroke survivors attending the event stated that they did not have an assistance package on discharge from hospital and were unsure who to approach for further help.

It was highlighted that a hidden side of stroke was the impact it could have on the survivor and other family members' mental health, while the loss of motor skills was a major challenge, particularly with the number of physiotherapists at Hillingdon hospital declining, it did make recovery more protracted. However, it was clear that carers for stroke sufferers did an excellent job, although some found it difficult to arrange respite care.

Considering the evidence and witness testimony received, the Committee recommended that:

2

Officers be requested to develop a campaign on stroke risk and stroke prevention, using multiple channels, which is sensitive and appropriate.

The Committee discussed how these actions could be used as a preventative measure and be integrated into a holistic approach between Public Health and the Wellbeing Team.

Prevention

With regard to preventive measures, the Committee acknowledged that the best way to prevent strokes is through healthy eating, being physically active, not smoking, keeping weight down and sensible drinking. Although exercise is an important element in reducing weight and managing stroke risk, 80% of the management of obesity is through better nutrition.

In 2016/17, a Pilot Programme investigating the early detection of people with stroke took place under the Better Care Fund. Identifying atrial fibrillation (AF), one of the risk factors for stroke, was added to the programme, and checking adequate numbers of residents is likely to increase the Council's capacity to prevent more strokes.

With regards to the work being conducted by GPs, the Hillingdon Clinical Commissioning Group currently have a working group investigating stroke prevention, and in terms of treating stroke, GPs were working with the CCG and looking at anti-coagulation. When blood is thinner, there is less prevalence of stroke among AF-afflicted people. Furthermore, scoping work was taking place at Hillingdon and Harefield Hospitals to see how the stroke prevention service could be delivered in a different way.

NHS Health Check

This is a mandatory public health programme, and local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74. The purpose of the programme is the prevention of early detection of vascular diseases, including those which may lead to stroke. Hillingdon Council commissions the NHS Health Checks programme via local pharmacists and GPs.

In 2015/16, there were 72,893 Hillingdon residents and people registered with Hillingdon GPs who were considered eligible for the NHS Health Check programme. 11,435 residents received their First Offer of an NHS Health Check in 2015/16, an increase of 22% from the previous year. Of those offered the Health Check, 7,700 (67.3%) took up the offer in 2015/16, which equates to 10.6% of all those eligible, and an increase of 18% from the previous year.

Early studies found that NHS Health Checks averted 1,800 strokes per year in England, and, since 2013, the programme has become a statutory public health service in England.

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 once every five years, and for each person to be recalled every five years, if they remain eligible. The risk assessment includes standardised tests to measure key risk factors and establish the individual's risk of developing cardiovascular disease. The outcome of the assessment is then used to raise awareness with the individual about the lifestyle and medical approaches best suited to managing their health risk.

The Committee welcomed that the Council had a duty to provide the Health Checks in partnership with Hillingdon CCG, as they offered an opportunity for greater awareness and preventative work to be done in the future.

Approaches from Other Local Authority Public Health Teams

Officers contacted neighbouring local authorities to look at their approaches to stroke prevention, and received the following responses:

London Borough of Harrow

The Council uses standard initiatives to improve health and wellbeing, such as advertising improved diets, exercise, reduced alcohol consumption and cessation of smoking, as well using social media to raise the profile of these campaigns and put information in the public domain.

Free blood pressure checks as part of health checks are key to their work, and are available to both staff and residents. Health checks also include risk assessments which incorporate lifestyle, family history and more. Blood pressure checks can be incorporated into diabetes reviews too, with high risk patients being referred to their GP.

Online tools such as self-checks on the NHS website are also an inexpensive way to raise awareness and prompt action in residents, as is the 'Know Your Numbers' campaign. Inexpensive monitoring equipment for the home is also advertised, and local organisations are often willing to run free sessions put on by the Local Authority for both staff and residents.

Collaborative working between local authorities (Brent, Harrow and Hillingdon) is also of benefit to all councils, and local charities and organisations can help councils too, including dieticians to advise local residents.

City of London

The City of London have used the services of a health promotion and wellness service to run insight lunches in the past, covering stroke awareness and prevention, and general cardiovascular health which is closely linked. These events are free for staff.

London Borough of Bexley

Specific stroke prevention activity does not really take place in Bexley, but mandated NHS Health Checks are carried out, which looks at cardiovascular disease risk assessment and prevention. This includes checking atrial fibrillation for increased risk of stroke.

Visit to the Stroke Unit, Hillingdon Hospital

Committee Member, Councillor Beulah East, visited the Stroke Unit, based at Hillingdon Hospital, and reported her findings back to the Committee.

The Stroke Unit provides a full multi-disciplinary assessment to all stroke patients admitted to the unit, caring for all adults of any age. The specially designated unit provides a modern environment for patients recovering from a stroke, with expertly trained staff working towards the quickest possible rehabilitation. The focus, education, and experience in caring for stroke patients put staff in the best position to provide patients with the exact care they need.

A plethora of information regarding recovery following stroke is available in the waiting room, as well as progress charts on various areas that staff are working on in the corridors.

Councillor East reported that patients had nothing but praise for the treatment and care they were receiving. Nurses and administrative staff spoke of concerns regarding a seven-day service, communication with hostess staff, having a multi-disciplinary team co-ordinating

discharge, and patients not knowing who they can call following discharge if they need help or advice. Often patients in this scenario call out emergency services, and it is important to avoid the need for discharged patients to be rushed back to hospital unless absolutely necessary.

There was also a feeling that patients should only have to tell their story once, and this could be avoided by staff involved in cases talking to each other, sharing information, and knowing what other staff members are doing at that moment, which could also benefit the service in other ways. Closer links with the community, such as Nursing Homes and District Nurses were also desirable, and the volunteers were needed to help the work of the unit.

Atrial Fibrillation Detection

Atrial fibrillation (AF) increases the risk of stroke nearly five-fold, and it is estimated that 20% of all strokes are caused by AF, with strokes caused by AF typically being large. Atrial fibrillation reduces the quality of life and increases morbidity and mortality. A third of the patients who have AF are asymptomatic, which often leads to a delay in diagnosis. Too often AF is only detected when the patient presents with serious complications, such as stroke. Anti-coagulation reduces the risk of stroke, but data has shown that only half of the patients eligible for an anti-coagulant actually receive it. In addition, as patients get older, the incidence of AF increases, with 10% of the over 80 year olds being affected. 12,500 strokes per year are directly attributable to AF, and acute care cost per stroke due to AF is estimated to be £11,900 in the first year.

Pharmacies in the Hillingdon area are to be involved in an exciting new project aimed at improving the detection and treatment of atrial fibrillation. Community pharmacists already undertake many specialist services and are therefore ideally placed to facilitate the diagnosis of AF.

During this project, community pharmacists will identify patients with risk factors for AF and stroke, such as high blood pressure or diabetes, through health checks. As part of the consultation, the pharmacists will use a diagnostic tool to detect AF. Patients who are found to have undiagnosed AF will be referred to their GP for further assessment and possible anti-coagulation.

Nine pharmacies are to be given WatchBP units to measure blood pressure and detect pulse irregularities during NHS Health Check assessments. These will replace the standard blood pressure monitors and manual pulse check that are currently used, and the WatchBP units are more accurate at checking pulse irregularities. The chosen pharmacies will trial these devices, and clients found to have an irregular pulse are already referred to their GP for further investigations. Following the end of the pilot, the project team will contact the Hillingdon GP practices of clients with an irregular pulse to see if further investigations were carried out, and if any diagnoses of AF were made.

In this project, the nine participating pharmacies must have a good track record of delivering NHS Health Checks, be well-distributed across the Borough, and are not taking part in the Harefield AF pilot. WatchBP units are then delivered to pharmacies and their staff trained in their use.

To increase the volume of people screened, it is recommended that AF screening is not limited to just pharmacy NHS Health Check clients. For example, pharmacies could also screen clients attending for blood pressure checks or participating in the smoking cessation and weight

management programmes, and sessional workers with WatchBP units could attend health and wellbeing events, particularly ones involving older people, and carry out opportunistic AF screening there.

Secondary Prevention

The Committee heard evidence on the current prevalence of stroke prevention services and the challenges being faced. This provided the Committee with an opportunity to consider best practice and to learn 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 affected by this life-threatening medical condition.

The Stroke Association's local co-ordinators promote secondary prevention through:

- Providing generic information about lifestyle and risk factors to stroke survivors and their families;
- Identifying individual risk factors, providing specific information and, where appropriate, referring to statutory and voluntary agencies such as smoking cessation, stroke rehabilitation classes, physiotherapy, Age UK active aging, GPs and others;
- Inviting representatives from health and fitness organisations to give information talks; and,
- Looking to arrange some activities to promote a healthier lifestyle such as a walking group, walking football and swimming after stroke lessons.

Considering the evidence and witness testimony received, the Committee recommended that:

3

The Council, working in partnership with the Hillingdon CCG, be requested to promote and develop health checks as a vehicle for identifying residents at an increased risk of stroke.

Terms of Reference

The following Terms of Reference were agreed by the Committee to provide focus for the review undertaken:

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.

Witnesses

Session One - 24 March 2016

- Shikha Sharma - Public Health, LBH
- Gary Collier - Better Care Fund Manager, LBH

Session Two - 20 April 2016

- Dr Steve Hajioff - Director of Public Health, LBH
- Gary Collier - Better Care Fund Manager, LBH
- Nigel Dicker - Deputy Director Residents Services, LBH
- Paul Richards - Head of Green Spaces, Sport and Culture, LBH
- Ajaj Gajree - Senior Wellbeing Officer, LBH
- Joan Veysey - Acting Chief Operating Officer, Hillingdon CCG
- Dr Hussain - Consultant Cardiologist, Royal Brompton & Harefield NHS Foundation Trust
- Dr Thakrar – Local GP
- Jacqui Guyett - Stroke Association
- Caroline Humphrey - Stroke Association

Site Visit to Stroke Association Social Event at Cafe Neros, Uxbridge High Street - 18 April 2016

- 3 Service Users (A, B and C)
- 2 Carers (X and Y)

Appendix

(*Hillingdon Stroke Association) Stroke Prevention Local Activities October 2015 – May 2016

- Information stall at the Older Person's Wellbeing Day at West Drayton Community Centre.
- Information stand/Blood pressure checks at Hillingdon Carers health MOT day.
- Stroke awareness presentation & manned information stand at Older Persons Assembly.
- Regular contact with various statutory and voluntary sector organisations.
- Information stand and blood pressure checks at Barclays Bank, Uxbridge.
- Health Awareness Day at Hillingdon Leisure Centre including information stand and blood pressure checks
- Information stall and blood pressure checks at Healthy Heart Month launch event at Uxbridge Library.
- Stroke awareness talk at Northwood Hills Dementia Café.
- Facilitated Know Your Blood Pressure event at Royal Mail Heathrow Airport.

Planned Stroke Prevention activities for 2016

- Information stand / Blood pressure checks at Brunel Festival
- Awareness talk at Hayes Dementia Café
- Information Stand / Blood pressure checks at Botwell Green, Highgrove and Hillingdon Leisure Centre
- Information Stand / Blood Pressure checks at Hillingdon Carers Fair.
- Awareness talk / Blood Pressure checks at Age UK Interactive Older People's Club
- Awareness talks to a variety of community groups, including talks to high risk community groups such as BME groups.
- Information stand / blood pressure checks at local businesses and community events.