Freedom of Information Request	FOI 21-500	20th December 2021

How many stroke survivors have used the Living Well after Stroke Service compared to previous years when the service was provided by the Stroke Association?
What assessment has been made of the level of the current service compared to when the service was provided by the Stroke Association?

We do not hold the data for numbers of people seen by the Stroke Association in the year preceding the transfer to an in house service so are not able to offer a direct comparison.

Following the decision of the Stroke Association to discontinue the provision of Life after Stroke Coordinator services, ABUHB decided to develop an in house support service for patients following stroke that was equitable to all residents across Gwent and did not preclude access dependent on post code.

With the in house Living Well after Stroke Service (LWASS) model, Community Neuro Rehabilitation Service staff will sometimes provide the service as a continuum of their rehabilitation program with individuals rather than passing on to the Living Well practitioner for additional support. We believe that this approach is of benefit for stroke survivors as it reduces the anxiety of a transition and supports ongoing relationships with people who require longer term support and provides a seamless service for the patient.

Since April 1st 2021 **231** people have been identified to the Living Well after Stroke Service as people who have had a stroke and may require support. These identified people are entered onto a database and their hospital journey is tracked on a weekly basis. Once they have gone home from hospital a letter is sent to their home introducing the Living Well after Stroke Service and giving details of how to contact our request for help telephone line. This is very similar to the process used by the Stroke Association coordinators to ensure continuity of communication practice. Practitioners across the stroke service have been made aware of the new in house service with details of how to refer.

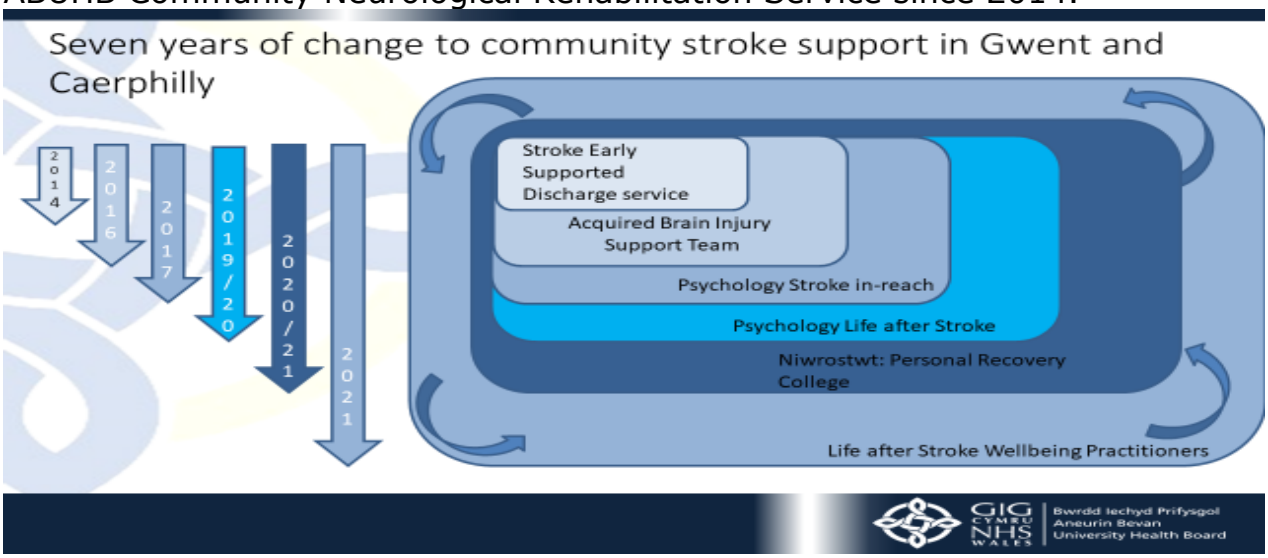
217 people have been identified by the Hyper Acute Stroke Unit in the weekly handover telephone call. Other routes into the service used to date are direct referral from Consultant clinics (n2), referral on from our Early Supported Stroke Discharge Service (n12) and self-referral of people being supported by the Community Resource Teams.

Whilst planning the move to an in house service it was anticipated that some referrals may still go directly to the Stroke Association. To address this, the local area manager of the Stroke Association was given details of how to forward on

any enquiries for support to LWASS. No people have been identified to us by the Stroke Association as needing support of LWASS since April 2021.

147 people have been sent letters with contact details of the Living Well after Stroke Service. People who are referred to the Early Supported Discharge Service are not sent letters, the staff working with them refer to LWASS as required. 26 people have self–referred using the request for help line in this time. 30 people have been supported and their needs have been met. There are 29 people being supported currently.

We operate a stepped model of psychological support and have built a psychologically minded community of practitioners so that whenever possible the psychologists support people through the practitioners they are already working with for straightforward issues – to avoid the distress of a "psychology" referral and to ensure workforce efficiency by the adoption of prudent practices. 30-40% of people referred to the psychology in-reach service are followed up at home after being discharged from hospital, where ongoing psychological support is indicated.
The enhancement offered by bringing the stroke support service in house is demonstrated in the diagram below which shows the developments of the ABUHB Community Neurological Rehabilitation Service since 2014.



We have aligned the Living Well after Stroke Service approach to the other community neurological rehabilitation services which are built on the principles of supported self-management and the Care Aims intended outcomes framework. These approaches seek to foster capability and independence in individuals empowering them to become confident to live well after stroke. A significant development in our community neuro rehabilitation services in recent years has been the Niwrostwt Recovery College Model which offers a range of group interventions for people with stroke and acquired brain injury. The college modules have been co-produced with people with lived experiences of stroke and brain injury and cover topics that are commonly experienced by people with stroke including fatigue management, rebuilding life after stroke and living well with stroke and brain injury. During the pandemic these courses were adapted for online delivery and are running regularly with service staff and peer partners – people with lived experience of stroke and brain injury facilitating the sessions.

Whilst the Stroke Association Coordinator roles have ended, the Association continues to offer a range of other groups and activities still operating in the ABUHB area. These include four social groups, golfing sessions at two golf clubs and the Strike a Chord Choir. Residents of the ABUHB can continue to access the excellent online resources provided by the Stroke Association in the form of their website, the www.mystrokeguide app and online groups covering a range of topics and interests.

The Community Neuro Rehabilitation Service links with the charity Headway Cardiff and South East Wales provide opportunities for people with stroke to join their regular walking group opportunities in Pontypool and Newport.

We have made inpatient staff aware of the changes and their ability to refer people from the inpatient settings to the service. However, as always with something new we are very aware of the need to continue to work on our communications strategy. We plan to roll out our communication strategy to more primary care and community settings in 2022.