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# **ADSS Cymru Response to Inquiry into Stroke Risk Reduction**

**October 2011**

## **Association of Directors of Social Services Cymru (ADSS Cymru)**

1. ADSS Cymru is the acknowledged professional leadership organisation for Social Services in Wales. It represents the interests of the 22 statutory Directors of Social Services and the heads of services that support them in delivering Social Services responsibilities and accountabilities, across the twenty-two Councils in Wales. Its primary purpose is to provide a national voice as a champion for the well-being, protection and care of vulnerable adults and children in Wales, by working in partnership with the Welsh Government, the Welsh Local Government Association and other key stakeholder in the Public Sector.
2. We welcome the opportunity to respond to the consultation on the Terms of Reference for the Committee for the Inquiry into Stroke Risk Reduction.
3. The response from our members (heads of adult social services) is structured around the Terms of Reference put to us by the Chair of the Health & Social Care Committee, Mark Drakeford, A.M.

## **Response to Consultation Questions**

### **Q1 – ‘What is the current provision of stroke risk reduction services and how effective are the Welsh Government’s policies in addressing any weaknesses in these services?’**

Answer:

This question is about prevention and Local Authorities work in partnership with health colleagues and the voluntary sector- who we fund to provide a range of services which may impact on stroke prevention- i.e exercise classes in day centres, walking and therapeutic support provided by Age Concern for example.

The immediate impact for people who have had a stroke is for speedy health care with specialist support available at this acute time of need. Social Care services impact at the discharge phase to support with care packages in the community, occupational therapy support- equipment, reablement and changes to environment and buildings. We also offer support to carers.

**Q2 'What are your views on the implementation of the Welsh Government's Stroke Risk Reduction Action Plan and whether action to raise public awareness of the risk factors for stroke has succeeded?**

Answer:

We would put the Action Plan in the context of the standard for stroke services in Wales is contained in the National Service Framework for Older People (2006). The framework states:

"The NHS, working in partnership with other agencies where appropriate, will take action to prevent strokes, and to ensure that those who do suffer a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation and appropriate longer term care."

In addition, the Welsh Health Circular 58 (2007) emphasised the requirement that Local Health Boards and local government work in partnership to ensure that the three main aims of the Framework are implemented: That is:

1. Preventing stroke
2. Improving stroke survival rates
3. Maximising post-stroke independent living and quality of life

Stroke continues to be a major concern for Social Services, and the work done so far locally has certainly raised the profile of stroke and what's needs to be done locally to reduce its incidence and impact. Local stroke and falls groups are evident with all the relevant agencies and voluntary organisations contributing. New models of service deliver focus on prevention and reablement which are positive interventions. However, our demographic landscape will mean that we will need to invest significant in intermediate care service which during these difficult times economically, will be a challenge.

The Local Health Boards have continued opportunity to address the barriers for stroke risk prevention in primary prevention by making improvements in the effective management of risks across a whole range of patient registers for diabetes, obesity, hypertension etc. These are all factors that increase the likelihood of a person having a stroke, particularly those over 55 years of age. Stroke risk reduction, as we all accept, applies to the entire stroke care pathway.

**Q3 What are the particular problems in the implementation and delivery of stroke risk reduction actions?**

Answer:

We need to focus on the health prevention agenda and start to push on the education of individuals, to reduce smoking and obesity, which means linking in with primary care who have a key role to play here. Telemedicine may have a significant impact on reduction of stroke if it was available everywhere.

ADSS Cymru calls for a broader strategy that places emphasis on the rehabilitation phase along the reablement route with clear outcomes for the patient/service services user.

**Q4 `What evidence exists in favour of an atrial fibrillation screening programme being launched in Wales?**

Answer:

We believe that this is a discussion and decision for our health colleagues- however the monitoring of this may require additional resources or telemedicine as above. There are some robust research studies e.g. Stroke Risk Management Changes in Mainstream Practice by L. Kalra, MD, PhD, FRCP; I. Perez, MD; ;A. Melbourn, RGN , Clinical and Health Services Studies Unit, King's College School of Medicine and Dentistry, London, UK. which indicate that significant number of ischemic events remain potentially preventable.

**Finally,**

We welcome the priority given the reduction of stroke risk by the Welsh Government, and ADSS Cymru assures the Welsh Government of its support to the Health & Social Care Committee to progress this agenda. We would be happy to discuss these issues further.

Thank you.

Nygaire Bevan,  
Chair of the ADSS Cymru Heads of Adult Services Group

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