NHS
North East and North Cumbria

Our Reference North East and North Cumbria ICB\ FOI ICB 26–140

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By Email

10 July 2026

Dear Applicant

Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)

Thank you for your request received on 19 June 2026 for information held by NHS North East and North Cumbria Integrated Care Board (the ICB) under the provisions of the Freedom of Information Act 2000. The ICB covers the areas of County Durham, Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley.

Please find the information you requested on behalf of the ICB as follows.

Your Request

We are seeking to better understand the review process that informed the recent decision to decommission the Stroke Recovery Service, to ensure that stroke survivors' needs were fully and fairly considered. I write to you under the Freedom of Information Act 2000 ("FOIA") to request information relating to the decision to decommission the Stroke Recovery Service (SRS) in Northeast and Yorkshire, and the development of the future service model.

We note your previous indication that further documentation would not ordinarily be disclosed to service providers. For clarity, this request is made pursuant to our statutory right of access under section 1 FOIA and is not limited by our position as a provider organisation.

Given the significant impact of this decision on stroke survivors, including individuals with disabilities, we also note the strong public interest in transparency in relation to decisions affecting:

- Access to health services
- Health inequalities
- Compliance with statutory duties, including the Public Sector Equality Duty

Information requested
Please provide the following information:

1. Decision-making and rationale
   a. The business case supporting the decision to decommission SRS
   b. Any options appraisal undertaken, including alternative delivery models considered
   c. Needs assessments and population data used to inform the decision
   d. Any financial analysis, savings targets, or modelling underpinning the change

2. Impact and statutory compliance
   a. Equality Impact Assessment(s) produced in relation to this decision
   b. Any wider impact assessments, including in respect of health inequalities
   c. Documentation demonstrating how impacts on stroke survivors, carers, and protected groups were assessed

3. Future service model and pathway
   a. Documentation describing the future model replacing SRS
   b. The service specification for the expanded Six Month Review
   c. Any analysis of how identified needs will be met following the removal of SRS
   d. Documentation addressing continuity of care and rehabilitation provision

4. Evidence and evaluation
   a. Performance and outcome data for the existing SRS
   b. Any evaluation reports or evidence relied upon in making the decision
   c. Any benchmarking or comparative analysis used

5. Transition, risk, and mitigation
   a. Transition plans and associated timelines
   b. Any risk assessments undertaken in relation to the service change
   c. Mitigation plans addressing risks to stroke survivors

6. Contracts and service specifications
   a. Current SRS contract and/or service specification
   b. Six-month review service specification
   c. Any draft or proposed future service specifications

Format and clarification
Please provide this information in electronic format where available. If you consider that any exemptions under FOIA apply, we would expect:
- A clear identification of the specific exemption(s) relied upon
- An explanation of why the exemption applies
- Where applicable, the outcome of the public interest test
- Disclosure of any reasonably segregable information

Public interest
For the avoidance of doubt, there is a strong public interest in disclosure given that this decision affects:
- A vulnerable patient group (stroke survivors, many of whom are disabled)
- The provision of rehabilitation and recovery services
- The effective operation of the wider stroke pathway and NHS system

Our Response

We can confirm, as per Section 1(1) of the Freedom of Information Act 2000, the ICB does hold the information requested.

1. Decision-making and rationale
   a. A full Equality Quality Impact Assessment has been completed and signed off by the ICB Quality Team and ICB Director of Nursing.

      This Equality Quality Impact Assessment (EQIA) for the proposed decommissioning was reviewed and discussed at the County Durham System Planning and Implementation Group (SPIG). SPIG, chaired by the County Durham GP Clinical Lead, includes representatives from across the local health and care system, both clinical and non-clinical, ensuring wide system oversight. Following review of the EQIA, including identified risks, mitigations, and alternative support available, the group supported the recommendation to proceed with decommissioning the Stroke Recovery element of the service.

      SPIG members concluded that, with the proposed mitigating actions in place, the impact on patients (and carers) could be minimised. The group recognised that ongoing support will continue to be available outside the current contract through alternative mechanisms including Stroke Association resources (e.g. Stroke Support Packs, Helpline, weekly volunteer calls, and online community), primary care reviews as part of existing Quality and Outcomes Framework (QOF) requirements and access to Social Prescribing Link Workers (SPLWs) who can provide tailored signposting and community-based support. Together, these measures were considered sufficient to provide continuity of support, information, advice and emotional support helping to maintain patient wellbeing and connection to local resources.

      Based on the findings of the Equality Quality Impact Assessment (EQIA) and following discussion at ICB Star Chamber Panel and System Prioritisation & Implementation Group (SPIG), it was recommended that the current service is RAG rated amber (moderate risk) and only the recovery support element of the service is decommissioned while ensuring mitigating actions are in place and there is clear communication to partners, patients and carers about the alternative pathways and resources available.

      Please refer to the following documents provided:
      - 'Official: Sensitive Commercial' report presented to Co. Durham Care Partnership Executive dated 03.03.26.
      - Flow chart showing decision making process.
      - Contract Review Checklist / Decommissioning Impact Assessment
      - Equality Impact Assessment – Tool and Recommendations
      - Monitoring arrangements and approval

   b. Options / Recommendations considered during decision making process were:
      Option 1 – Decommission full service.
      Option 2 – Decommission the Stroke Recovery element of the service only with mitigating actions in place and explore option of the Stroke Association carrying on with the 6-month review element of the current service.
      Option 3 – Retain the full Integrated service model delivered by the Stroke Association
      Option 4 – Transfer the six-month review activity to County Durham and Darlington NHS Foundation Trust.

c. Needs assessment and population data used to inform the decision was sourced from:
   - Contract Review Checklist / Decommissioning Impact Assessment
   - Equality Impact Assessment – Tool and Recommendations

d. The driver for decommissioning is a result of the ICB efficiencies programme 2025/26 and further details around the financial aspects are included within the documents provided.

2. Impact and statutory compliance
   Please refer to the attached documents relating to:
   - Contract Review Checklist / Decommissioning Impact Assessment
   - Equality Impact Assessment – Tool and Recommendations
   - Monitoring arrangements and approval

3. Future service model and pathway
   a. The current Stroke Recovery Service is due to remain in place until 30 November 2026. In the meantime, the ICB is working with partners including the Stroke Association to develop, confirm and implement the future service model. However, initial plans include:
      - Improved more robust discharge from hospital process utilising the stroke association resource packs, promoting the stroke support helpline, weekly volunteer calls, online communities and free downloadable information guides provided by the Stroke Association (out with the current contract) and ensuring carers are involved in any care planning.
      - The Stroke Association's resources provide targeted, accessible support that can benefit stroke survivors across all age groups and backgrounds.
      - Linking stroke patients and carers with local primary care social prescribing link workers (SPLWs) on discharge from hospital. This would provide a community navigator function to ensure access to ongoing support within the community. SPLWs are knowledgeable about local services and know what support is available in their communities.
      - They can help stroke survivors by connecting them to community and non-clinical services that meet their social, emotional, and practical needs.
      - For older adults, they can help reduce isolation through linking them with peer groups and activities that maintain independence.
      - Younger adults and those returning to work can be linked to services that offer skills training and employment support. Those from minority ethnic groups can be linked with culturally appropriate services that are available to them.
      - Every PCN has SPLWs so stroke survivors living in more deprived or rural areas across the County have access to this service.
      - Every Primary Care Network has SPLWs and it is estimated that 2 stroke survivors per month per practice may need support.

   b. As the current Stroke Recovery Service is due to remain in place until 30 November 2026, there is a five-month transition period available to develop / agree a new service spec for the 6-Month Review Service.

   c. As the current Stroke Recovery Service is due to remain in place until 30 November 2026, there is a five-month transition period available to agree and implement the future service model. However, initial plans include:
      - Improved more robust discharge from hospital process utilising the stroke association resource packs, promoting the stroke support helpline, weekly volunteer calls, online communities and free downloadable information guides provided by the Stroke

Association (out with the current contract) and ensuring carers are involved in any care planning.

- The Stroke Association's resources provide targeted, accessible support that can benefit stroke survivors across all age groups and backgrounds.
- Linking stroke patients and carers with local primary care social prescribing link workers (SPLWs) on discharge from hospital. This would provide a community navigator function to ensure access to ongoing support within the community. SPLWs are knowledgeable about local services and know what support is available in their communities.
- They can help stroke survivors by connecting them to community and non-clinical services that meet their social, emotional, and practical needs.
- For older adults, they can help reduce isolation through linking them with peer groups and activities that maintain independence.
- Younger adults and those returning to work can be linked to services that offer skills training and employment support. Those from minority ethnic groups can be linked with culturally appropriate services that are available to them.
- Every PCN has SPLWs so stroke survivors living in more deprived or rural areas across the County have access to this service.
- Every Primary Care Network has SPLWs and it is estimated that 2 stroke survivors per month per practice may need support.
- Primary Care:
    - Primary Care already absorb some elements of the six-month review, specifically the annual blood pressure and cholesterol checks, as these are already undertaken for the majority of patients as part of ongoing management of hypertension and lipid control. This presents an opportunity for primary care to identify and address any unmet or emerging needs during these routine reviews.
    - In addition, as part of the Quality and Outcomes Framework (QOF), all patients with a recorded stroke diagnosis should receive an annual blood pressure and cholesterol review and meet specific clinical targets. This means that, in practice, all stroke patients will have at least one annual contact with a healthcare professional, usually a nurse or healthcare assistant, within their GP practice.

d. The documentation addressing continuity of care and rehabilitation provision was the Contract Review Checklist / Decommissioning Impact Assessment.:

4. <u>Evidence and evaluation</u>
    a. Please refer to the following documents for performance and outcome data for the existing SRS:
        - Stroke Support Services and Activity Q1 2024/25
        - Stroke Support Services and Activity Q2 2024/25
        - Stroke Support Services and Activity Q3 2024/25
        - Stroke Support Services and Activity Q4 2024/25
        - Stroke Support Services and Activity Q3 2025/26

    b. See the following documents for evaluation or evidence relied upon in making the decision document:
        - Stroke Association 6 Month Review Only Implications
        - Contract Review Checklist / Decommissioning Impact Assessment

    c. There was no benchmarking or comparative analysis undertaken.

5. Transition, risk, and mitigation
    a. As the current Stroke Recovery Service is due to remain in place until 30 November 2026, there is a five-month transition period available to develop transition plans and associated timelines. Accordingly, the ICB will work with the Stroke Association to develop a transition plan and timelines, including a clear communication action plan for patients, carers and other stakeholders.

    b. The impact, risks and mitigations were considered as part of the Contract Review Checklist / DIA which has been provided.

    c. Please refer to the response to question 5b.

6. Contracts and service specifications
    a. The contract mandate is not actually a contract, but sign-off of the services that have been agreed will be commissioned/continue to be commissioned for the financial year and the costs of that service. I believe the contract mandates were agreed at the Leadership Committee in June/July 2026.

    b. The current Stroke Recovery Service is due to remain in place until 30 November 2026. There is a five-month transition period available to develop / agree a new service spec for the 6-Month Review Service.

    c. Please refer to the response to question 6b.

In accordance with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website https://northeastnorthcumbria.nhs.uk/.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to request a review of our decision, you should write to the Information Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your review, you do have the right of complaint to the Information Commissioner as established by section 50 of the Freedom of Information Act 2000. Generally, the Information Commissioner cannot make a decision unless you have exhausted the ICB's complaints procedure.

The Information Commissioner can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or www.ico.org.uk.

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 www.legislation.gov.uk. This will not affect your initial information request.

Yours faithfully

Information Governance Support Officer

Information Governance Support Officer
North East and North Cumbria Integrated Care Board