



Review of Stroke Rehabilitation Services in County Durham and Darlington and the future of Inpatient Rehabilitation services (Ward 6) Bishop Auckland Hospital - Joint Health Scrutiny Committee

Date Monday 6 January 2020

Time 9.30 am

Venue Committee Room 2, County Hall, Durham

1. Appointment of Chair
2. Appointment of Vice Chair
3. Apologies for absence
4. Substitute Members
5. Declarations of interest
6. Terms of Reference and Protocol (Pages 3 - 8)
To receive and confirm the terms of reference and protocol for the Durham and Darlington Joint Health Overview and Scrutiny Committee
7. Review of Stroke Rehabilitation Services in County Durham and Darlington (Pages 9 - 30)
Report of the Corporate Director of Resources, Durham County Council and presentation by representatives of North Durham and DDES CCG and Darlington CCG
8. Review of Inpatient Rehabilitation Services (Ward 6) Bishop Auckland Hospital (Pages 31 - 50)
Report of the Corporate Director of Resources, Durham County Council and presentation by representatives of North Durham and DDES CCG and Darlington CCG
9. Chairman's urgent items
10. Any other business

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
17 December 2019

To: **The Members of the Review of Stroke Rehabilitation Services in County Durham and Darlington and the future of Inpatient Rehabilitation services (Ward 6) Bishop Auckland Hospital - Joint Health Scrutiny Committee**

Darlington Borough Council

Councillors I Bell, J Clarke, E Heslop and W Newall

Durham County Council

Councillors A Batey, R Bell, L Brown, J Chaplow, P Crathorne, R Crute, T Henderson, E Huntington, P Jopling, C Kay, K Liddell, S Quinn, A Reed, J Robinson, A Savory, M Simmons, H Smith, J Stephenson, O Temple and C Wilson

Contact: Jackie Graham

Email: 03000 269704

**Protocol for the
Joint Health Scrutiny Committee**

**Review of Stroke Rehabilitation Services in County Durham and
Darlington and the future of Inpatient Rehabilitation services (Ward
6) Bishop Auckland Hospital**

1. This protocol provides a framework under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for considering and providing a formal consultation response in relation to proposals affecting the population covered by County Durham and Darlington NHS Foundation Trust, in particular:
 - (a) The proposed review of Stroke Rehabilitation Services in County Durham and Darlington.
 - (b) The future of Inpatient Rehabilitation Services across County Durham and Darlington (Ward 6 Bishop Auckland Hospital).
2. The terms of reference of the Health Scrutiny Joint Committee is set out at Appendix 1.
3. The Health Scrutiny Joint Committee formed for the purpose of the consultation outlined at paragraph 1 will, following approval of this protocol at its first meeting, circulate copies of the same to:-

Darlington Borough Council; Durham County Council

("the constituent authorities")

Darlington CCG
Durham Dales, Easington and Sedgefield CCG
North Durham CCG
County Durham and Darlington NHS Foundation Trust
North East Ambulance Service NHS Foundation Trust

("the relevant NHS Bodies")

Health Scrutiny Joint Committee

4. A Health Joint Scrutiny Committee ("the Joint Committee") comprising Darlington Borough Council and Durham County Council ("the constituent authorities") has been established in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for the purposes of formal consultation by the relevant NHS Bodies in relation to the matters referred to at paragraphs 1(a) of this protocol, and in particular in order to be able to:-

- (a) make comments on the proposals consulted on, to the relevant NHS Bodies under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013;
- (b) require the relevant NHS Bodies to provide information about the proposals under the Regulations; or
- (c) require an officer of the relevant NHS Bodies to attend before it under the Regulations to answer such questions as appear to it to be necessary for the discharge of its functions in connection with the consultation;
- (d) make recommendations to the relevant NHS Bodies and expect a response within 28 days.

Membership

- 5. The Joint Committee will consist of a total of 25 members (21 Durham CC and 4 Darlington B.C.) representing the health scrutiny committees of each of the constituent authorities. A Healthwatch representative from each constituent authority area will be entitled to attend in a non-voting capacity.
- 6. The term of office for representatives will be for the period from the date of their appointment by their constituent authorities until their relevant authority's next annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the joint committee secretariat and the replacement representative shall serve for the remainder of the original representative's term of office.
- 7. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all the constituent authorities, those authorities operating a substitution system shall be entitled to nominate substitutes.
- 8. The Joint Committee may ask individuals to assist it (in a non-voting capacity) and may ask independent professionals to advise it for the purposes of the consultation process.
- 9. The quorum for meetings of the Joint Committee shall be a minimum of two member representative from each of the constituent authorities.

Chair and Vice-Chair

- 10. The Chair and the Vice-Chair of the Joint Committee will be a Member representative from Durham County Council. The Chair will not have a second or casting vote.
- 11. If the agreed Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to chair that meeting from the representatives present who are members of the same constituent Council as the Chair.

Terms of Reference

- 12. The Joint Committee will be the formal consultee under the Regulations and the Directions for the purposes of the consultation by the relevant NHS Bodies concerning those matters outlined at paragraphs 1(a) and will have the functions specified at paragraphs 4(a) - (d) inclusively of this protocol. Terms of reference are set out at Appendix 1.

Administration

13. Meetings shall be held at the times, dates and places determined by the Chair in consultation with each of the constituent authorities.
14. Agendas for meetings shall be determined by the secretariat (Durham County Council) in consultation with the Chair.
15. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee at least 5 clear working days before the date of the meeting and also to the Chair of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" should be avoided where possible.
16. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

Final Report and Consultation Response

17. The Joint Committee is independent of its constituent councils, executives and political groups and this independence should not be compromised by any member, officer or relevant NHS bodies. The Joint Committee will send copies of its final report and formal consultation response to the relevant NHS Bodies and the constituent authorities.
18. The primary objectives of the Joint Committee will be to reach consensus, but where there are any aspects of the consultation as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

Principles for joint health scrutiny

19. The constituent authorities and the relevant NHS Bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.
20. The Joint Committee's procedures will be open and transparent in accordance with the Local Government Act 1972 and the Access to Information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be able to be considered in private. Papers of the Joint Committee may be posted on the websites of the constituent authorities as determined by them.
21. Communication with the media in connection with the Joint Committee's views will be handled in conjunction with each of the constituent local authorities' press officers.

JOINT HEALTH SCRUTINY COMMITTEE

TERMS OF REFERENCE

1. To consider the proposals affecting the population covered by County Durham and Darlington NHS Foundation Trust, in particular:
 - (a) The proposed review of Stroke Rehabilitation Services in County Durham and Darlington.
 - (b) The future of Inpatient Rehabilitation Services across County Durham and Darlington (Ward 6 Bishop Auckland Hospital).
2. The Joint Committee will as part of this process consider the following:-
 - the service model options being consulted upon together with associated consultation and engagement plans/process in respect of the proposed review of Stroke Rehabilitation Services in County Durham and Darlington and the future of Inpatient Rehabilitation Services across County Durham and Darlington (Ward 6 Bishop Auckland Hospital);
 - the results of the Consultation feedback in respect of the proposed review of Stroke Rehabilitation Services in County Durham and Darlington and the future of Inpatient Rehabilitation Services across County Durham and Darlington (Ward 6 Bishop Auckland Hospital);
 - how the respective consultation feedback has shaped the respective recommended preferred future service model options in respect of the proposed review of Stroke Rehabilitation Services in County Durham and Darlington and the future of Inpatient Rehabilitation Services across County Durham and Darlington (Ward 6 Bishop Auckland Hospital);
 - the Joint OSCs response to the consultation process and future service model in respect of the proposed review of Stroke Rehabilitation Services in County Durham and Darlington and the future of Inpatient Rehabilitation Services across County Durham and Darlington (Ward 6 Bishop Auckland Hospital);
3. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined in paragraphs 1 and 2 above, the Joint Committee may:-
 - a) require the relevant NHS Bodies to provide information about the proposals the subject of the consultation with the constituent local authorities and the Joint Committee; and
 - b) require an officer of the relevant NHS Bodies to attend meetings of the Joint Committee, in order to answer such questions as appear to them to be necessary for the discharge of their functions in connection with the consultation.
4. To formulate a final report and formal consultation response within the consultation and decision making timetable to the relevant NHS Bodies on the matters referred to

at paragraphs 1 and 2 above, in accordance with the protocol for the Health Scrutiny Joint Committee and the consultation timetable established by the relevant NHS Bodies.

5. To ensure the formal consultation response of the Joint Committee includes, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.
6. Each constituent Authority will retain their powers of referral to the Secretary of State for Health and Social Care.

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**County Durham and Darlington Joint
Health Overview and Scrutiny
Committee**



6 January 2020

**Review of Stroke Rehabilitation
services in County Durham and
Darlington**

Report of Corporate Management Team

**John Hewitt, Corporate Director of Resources, Durham County
Council**

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To provide members of the Joint Health Overview and Scrutiny Committee with information regarding the statutory consultation process in respect of the review of Stroke Rehabilitation services in County Durham and Darlington.

Executive summary

- 2 Durham County Council and Darlington Borough Councils' Health Overview and Scrutiny Committee have previously met on a number of occasions to consider proposals by North Durham CCG, Durham Dales, Easington and Sedgefield CCG and Darlington CCG in respect of the review of Stroke Rehabilitation services in County Durham and Darlington.
- 3 Both Committees have received details of the future service models being consulted upon in respect of Stroke Rehabilitation services in County Durham and Darlington which were considered alongside the consultation and communications plans for the review.
- 4 The consultations in respect of the review commenced on Monday 7 October 2019.
- 5 Correspondence was received from the Regional Director (North East and Yorkshire) of NHS England which indicated that, as part of their assurance process in respect of the proposed review, they require the

consultation to be considered by a joint Overview and Scrutiny Committee comprising representatives from Darlington Borough Council and Durham County Council.

- 6 This joint OSC comprising 25 members (21 from Durham and 4 from Darlington) politically balanced at individual local authority level was therefore established to provide the required assurance to NHS England in respect of the consultation process. The Joint Committee was to be chaired by Durham and would not have the power of referral to the Secretary of State delegated to it as this would be retained with the respective individual Councils.
- 7 Following the announcement of the UK General Election on 12 December 2019, NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS Darlington CCGs paused the public consultation so that election purdah guidance is not breached.
- 8 Representatives of NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS Darlington CCGs will be in attendance to provide members with an update presentation setting out the background to the service review, the proposals being consulted upon, the consultation and communications plans and the details of public facing consultation events. A copy of the presentation slides is attached to this report. (Appendix 2)

Recommendations

- 9 Members of the Joint Health Overview and Scrutiny Committee are requested to:-
 - a) Receive this report;
 - b) Consider and comment on the information detailed with in the presentation provided by representatives of NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS Darlington CCGs.

Background

- 10 Under Section 244 of the NHS Act 2006, local NHS bodies have a duty to consult local Overview and Scrutiny Committees on proposals for any substantial development of the health service or substantial variation in the provision in their areas. Scrutiny Committees are also required to consider the extent of consultation undertaken.

Stroke Rehabilitation Services in County Durham and Darlington

- 11 Durham County Council and Darlington Borough Councils' respective Health Overview and Scrutiny Committees have received a presentation setting out the rationale for a review of stroke rehabilitation services. The presentation set the context of stroke rehabilitation within the previous review undertaken of acute stroke services which led to the centralisation of acute stroke services at University Hospital North Durham (UHND).
- 12 At that meeting members were advised that a major driver to review services was below target performance in respect of the number of patients treated by a stroke skilled early supported discharge team – 2.6% for North Durham CCG and 3.5% for DDES CCG against a national average of 35%.
- 13 There were also concerns that the average length of stay for stroke rehabilitation patients at Bishop Auckland Hospital was far in excess of best practice. There was also evidence of a limited availability of healthcare professional input as part of the stroke pathway particularly in respect of occupational therapy; speech and language therapy and physiotherapy.
- 14 CCGs and County Durham and Darlington NHS Foundation trust reported upon plans to undertake patient and stakeholder engagement as part of the review and committed to bringing details of the proposed engagement activity back to the respective Health Scrutiny Committees.
- 15 Further reports were considered which set out details of the proposed engagement activity which included discussions with patient reference groups across County Durham; bespoke engagement led by Healthwatch County Durham with stroke patients and their carers and families; specialist health networks; established stroke groups and the Durham County Council's Area Action Partnerships.
- 16 The activity would include a call for evidence to review best practice in respect of stroke rehabilitation services and understand where improvements could be made. This would also require gathering the experiences of local people and those established stroke support groups which would inform a service improvement project.
- 17 It was anticipated at the time that this work would be completed within 12 weeks and a report brought back to the Committees.
- 18 Key emerging themes were that patients had positive experiences of the acute hospital stroke service; there was limited dedicated community-based stroke provision; patients felt too many people were involved in their care; care closer to home would be valued along with peer support.

- 19 The engagement activity had also identified gaps within existing stroke rehabilitation services which included that the current pathway promoted multiple transfers of care; therapy assessment takes place within a hospital setting rather than in the person's home setting; community-based rehab services are inequitable across County Durham; rehabilitation within the community does not provide the intensity required as detailed in national guidance and that patient based outcomes could be improved upon e.g. time for therapy-based interventions.
- 20 The final report detailing the findings from the engagement activity highlighted that, in addition to the issues previously identified, there were communication challenges at various points of the current stroke pathway. Patients wanted emotional wellbeing and support particularly after discharge from hospital with a more consistent community rehabilitation service provided which would include a longer period of therapy once discharged from hospital.
- 21 The findings of the engagement activity were discussed at a meeting with a range of clinical staff to further develop options and appraise these against standard criteria which includes clinical evidence base, accessibility and financial sustainability. This exercise included representation from both community and hospital-based clinicians, primary care, regional clinical network and the Stroke Association and the views of patients and carers will also be included.

Latest Position

- 22 The consultations in respect of the review commenced on Monday 7 October 2019.
- 23 The Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function requires proposals for significant developments or substantial variations in health services which are being consulted upon and which affect two or more local authorities to be considered by a joint Overview and Scrutiny Committee.
- 24 Correspondence was received from the Regional Director (North East and Yorkshire) of NHS England which indicated that, as part of their assurance process in respect of the proposed reviews, they require the consultation to be considered by a joint Overview and Scrutiny Committee comprising representatives from Darlington Borough Council and Durham County Council.
- 25 This joint OSC comprising 25 members (21 from Durham and 4 from Darlington) politically balanced at individual local authority level was

therefore established to provide the required assurance to NHS England in respect of the consultation process. The Joint Committee was to be chaired by Durham and would not have the power of referral to the Secretary of State delegated to it as this would be retained with the respective individual Councils.

- 26 Following the announcement of the UK General Election on 12 December 2019, NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS Darlington CCGs paused the public consultation so that election purdah guidance is not breached.
- 27 Representatives of NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS Darlington CCGs will be in attendance to provide members with an update presentation setting out the background to the service review, the proposals being consulted upon, the consultation and communications plans and the details of public facing consultation events.

Main implications

Legal

- 28 This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

Consultation

- 29 The consultation process for the review started on 7 October 2019 and has been paused due to the General Election purdah period. An update will be provided to members at the meeting.

Conclusion

- 30 Durham County Council and Darlington Borough Councils' Health Overview and Scrutiny Committees have previously met on several occasions to consider proposals by North Durham CCG, Durham Dales, Easington and Sedgefield CCG and Darlington CCG in respect of the review of Stroke Rehabilitation services in County Durham and Darlington.
- 31 In order to comply with the assurance process set out by NHS England (North East and Yorkshire) in respect of the proposed consultation, this Joint Health Overview and Scrutiny Committee comprising representatives from Darlington Borough Council and Durham County Council was established.

Background papers

- Agenda, Minutes and Reports to Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee meetings held on 2 May 2018, 6 July 2018, 15 November 2018, 18 January 2019 and 6 September 2019.

Contact: Stephen Gwilym

Tel: 03000 268140

Appendix 1: Implications

Legal Implications

This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

Finance

Not applicable

Consultation

The report and presentation set out the proposals and associated statutory consultation in respect of the review of Stroke Rehabilitation services in County Durham and Darlington.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Human Rights

Not applicable

Climate Change

Not applicable

Crime and Disorder

Not applicable

Staffing

Not applicable

Accommodation

Not applicable

Risk

Not applicable

Procurement

Not applicable

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Improving Stroke Rehabilitation For the People of County Durham and Darlington

County Durham and Darlington Joint Health
Overview and Scrutiny Committee
6 January 2020



Background

- In 2011 the local system moved to a single site model for hyperacute stroke
- Since this time there has been an improvement in outcomes for patients at the point of emergency
- It was recognised that a review of stroke rehabilitation was required as patient outcomes were not being fully realised

Vision

To develop a person-centred model of care that delivers care closer to home

To minimise variation and maximise the health outcomes of our local population

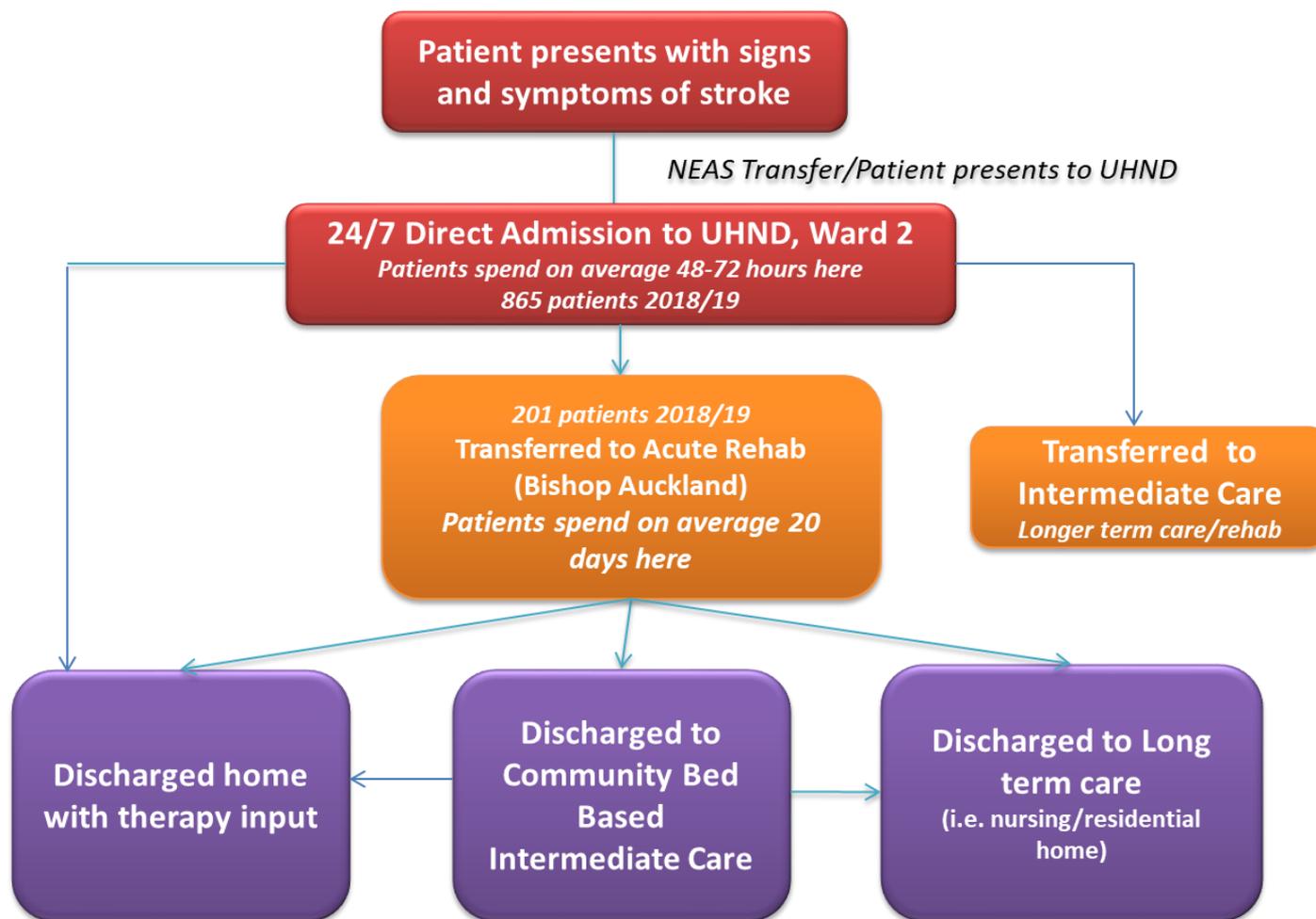
To ensure care is accessible and responsive to people's needs

To develop a service which retains and attracts an excellent workforce

Scope of Review

- The scope of this service review relates to the rehabilitation elements of the pathway following an acute episode due to stroke
- This includes:
 - Community based rehabilitation
 - Hospital based rehabilitation
- CCGs and CDDFT have a major emphasis on community services focussing on
 - Prevention and maintaining independence
 - Supporting patients with long term conditions
 - Managing crisis and supporting a return to independence

Current Pathway



Quality and Performance



SSNAP Scoring Summary:		Team	University Hospital of North Durham
		Time period	Jan-Mar 2019
		SSNAP level	B
Patient-centred levels:	Domain	1) Scanning	A
		2) Stroke unit	B
		3) Thrombolysis	B
		4) Specialist Assessments	B
		5) Occupational therapy	C
		6) Physiotherapy	A
		7) Speech and Language therapy	C
		8) MDT working	C
		9) Standards by discharge	A
		10) Discharge processes	C

**Emergency Care
Improvement Programme**

Safer, faster, better care for patients



Improvement

County Durham and the Tees Valley
Clinical Commissioning Groups



Patient and Carer Feedback

Phase one

There were over 160 responses to the engagement exercise
Survey developed – used online and as a print out
Spoke with existing community groups
Patient survey carried out on the wards at BAH and UHND
Social media used to publicise

Phase two

<p>Over 76% of patients or family were involved in setting their treatment goals</p>	<p>79 people shared their views</p> 	<p>Letters were sent to over 190 current patients of the Stoke Association</p> 
	<p>79% of patients told us they were involved as much as they wanted to be in their discharge plan</p>	<p>72% of respondents said that they received continuity of care</p>

Key Themes

- Positive experiences of hospital care
- People would value care closer to home
- Many people felt they would have benefited from more therapy input both in a hospital and community setting
- Many people felt a lack of support during discharge
- People didn't want to have to repeat 'their story' multiple times

Clinical Case for Change

Policy Context	Key Theme	Gap in Current Provision
Stroke Strategy 2007	Hand offs of care	The current pathway promotes multiple transfers of care
NHS England's Quick Guide: Discharge to Assess and benefits for older, vulnerable people.	Discharge to assess	Therapy assessment takes place within a hospital setting rather than in the person's home setting
Stroke Guidelines 2016	Equity of access to comprehensive specialist community rehabilitation	Current community based rehab services are inequitable across County Durham
SSNAP Audit 2016	Levels of recommended therapy input	Rehabilitation within the community doesn't provide the intensity required as detailed in national guidance
SSNAP Audit 2016	Levels of recommended therapy input	Patient based outcomes could be improved upon e.g. time for therapy based interventions
Stroke Specific Education Framework	Efficient use of clinical staff	Currently staff have to cover two sites, for example medical rotas for consultants are difficult to manage and sustain with limited workforce
NICE guidelines - continuity of care and relationships in adult NHS services	Continuity of care	Currently many patients are handed off to another team so patients don't have the familiarity of staff
Stroke Specific Education Framework	Effective recruitment and retention of staff	The expertise is diluted currently across two sites and staffing levels are limited – lack of contingency
Stroke Guidelines 2016	Early supported discharge	Currently not in place



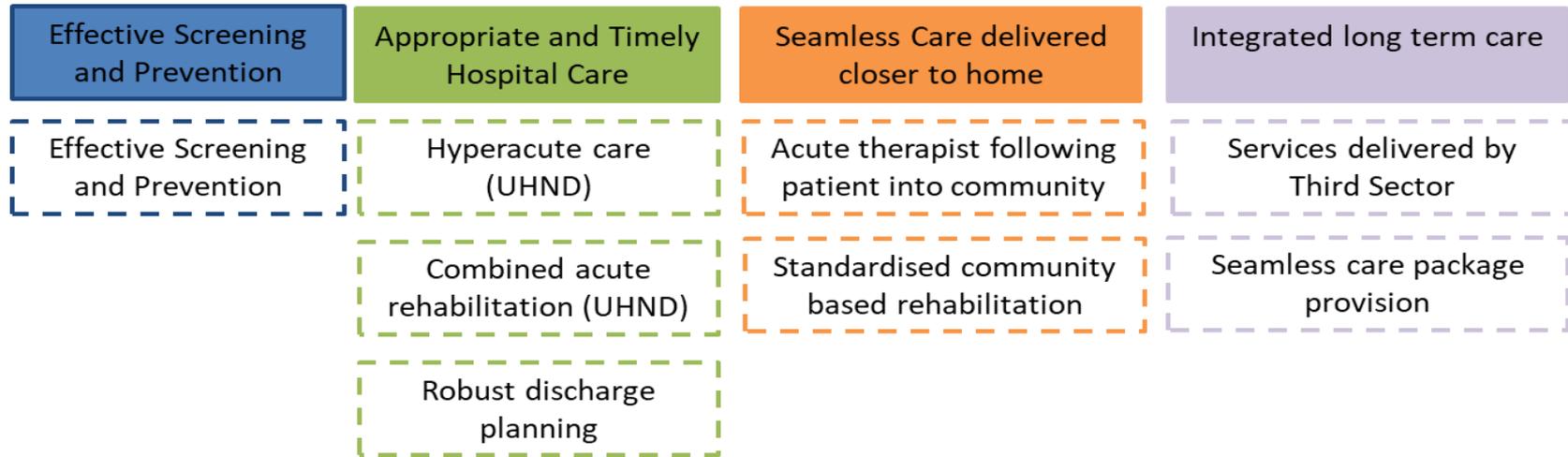
GETTING IT RIGHT FIRST TIME

- **Therapy** - Increase therapy staffing on stroke unit and provision for Early Supported Discharge (ESD) to facilitate discharge and reduce Length of Stay (LoS)
- **Consider ring fenced stroke therapy or Combined Stroke unit (acute and rehab) at single site**
- **Consultant Cover** - Review of split site working to improve efficiency of medical workforce cover.
- **6 month reviews** - To ensure data is captured on the SSNAP system

Options Appraisal

Clinical quality	Maintains or improves clinical outcomes; timely and appropriate services; minimises clinical risk	Patient, Public and carer Engagement – Experience and Feedback
Sustainability/flexibility	Ability to meet current and future demands in activity; ability to respond to local/regional/national service changes	
Equity of access	Reasonable access for urban and rural populations	
Efficiency	Delivers patient pathways that are evidence based; supports the delivery though access to resources	
Workforce	Provides environments which support the recruitment/retention of staff; supports clinical staffing arrangements	
Functional suitability	Provides environments suitable for delivery of care; clinical adjacencies with other relevant services/dependencies e.g. imaging	
Acceptability	Acceptable to service users, carers, relatives, other significant partners	
Cost effectiveness	Provides value for money	

Proposed Future Model



- To consolidate acute rehabilitation onto the Specialist Stroke Unit at UHND
- To provide robust discharge planning and implementation with seamless transition into the community
- Enhanced specialist stroke community rehabilitation

Proposed Pathway

Patient presents with signs and symptoms of stroke

NEAS Transfer/Patient present to UHND

24/7 Direct Admission to UHND, Ward 2

Supported Discharge
Therapist follows patient into community for up to two visits within two week period

Discharged home with therapy input

Discharged to Community Bed Based Intermediate Care
(Greater utilisation of this)

Discharged to Long term care
(i.e. nursing/residential home)

Discharged to Inpatient rehab bed

What this would mean for patients in County Durham and Darlington

- Equity of specialist inpatient stroke rehabilitation
- High quality and sustainable workforce available to deliver care in the most appropriate setting
- A seamless transition into the community supported by Early Supported Discharge
- Enhanced specialist community stroke rehabilitation
- Services delivered within the context of the integrated model of care with LA, primary and community care
- Working in partnership with the Stroke Association to ensure robust longer term care

Next Steps

- The proposals have been ratified by executive and governing body committees in CCGs and Trust
- Public consultation started on the 7 October 2019 and was paused due to Purdah
- Consultation to resume 14 January – 3 March 2020
- NHSE assurance process to be followed
- Outcome of consultation to be considered by CCGs and Trust on completion of consultation
- Ongoing communication with OSCs on progress

**County Durham and Darlington Joint
Health Overview and Scrutiny
Committee**



6 January 2020

**Review of Inpatient Rehabilitation
services at Bishop Auckland Hospital
(Ward 6)**

Report of Corporate Management Team

John Hewitt, Corporate Director of Resources

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To provide members of the Joint Health Overview and Scrutiny Committee with information regarding the statutory consultation process in respect of the review of Inpatient Rehabilitation services at Bishop Auckland Hospital (Ward 6).

Executive summary

- 2 Durham County Council and Darlington Borough Councils' Health Overview and Scrutiny Committee have previously met on a number of occasions to consider proposals by North Durham CCG, Durham Dales, Easington and Sedgefield CCG and Darlington CCG in respect of the Review of Inpatient Rehabilitation services at Bishop Auckland Hospital (Ward 6).
- 3 Both Committees have received details of the future service models being consulted upon in respect of Inpatient Rehabilitation services at Bishop Auckland Hospital (Ward 6) which were considered alongside the consultation and communications plans for the review.
- 4 The consultations in respect of the review commenced on Monday 7 October 2019.
- 5 Correspondence was received from the Regional Director (North East and Yorkshire) of NHS England which indicated that, as part of their assurance process in respect of the proposed review, they require the consultation to be considered by a joint Overview and Scrutiny

Committee comprising representatives from Darlington Borough Council and Durham County Council.

- 6 This joint OSC comprising 25 members (21 from Durham and 4 from Darlington) politically balanced at individual local authority level was therefore established to provide the required assurance to NHS England in respect of the consultation process. The Joint Committee was to be chaired by Durham and would not have the power of referral to the Secretary of State delegated to it as this would be retained with the respective individual Councils.
- 7 Following the announcement of the UK General Election on 12 December 2019, NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS Darlington CCGs paused the public consultation so that election purdah guidance is not breached.
- 8 Representatives of NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS Darlington CCGs will be in attendance to provide members with an update presentation setting out the background to the service review, the proposals being consulted upon, the consultation and communications plans and the details of public facing consultation events. A copy of the presentation slides is attached. (Appendix 2)

Recommendations

- 9 Members of the Joint Health Overview and Scrutiny Committee are requested to: -
 - a) Receive this report;
 - b) Consider and comment on the information detailed within the presentation provided by representatives of NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS Darlington CCGs.

Background

- 10 Under Section 244 of the NHS Act 2006, local NHS bodies have a duty to consult local Overview and Scrutiny Committees on proposals for any substantial development of the health service or substantial variation in the provision in their areas. Scrutiny Committees are also required to consider the extent of consultation undertaken.

Inpatient Rehabilitation services at Bishop Auckland Hospital (Ward 6)

- 11 At its meeting held on 15 November 2018 Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee,

following initial concerns reported within media that ward 6 was planned for closure, received a report and presentation by County Durham and Darlington NHS Foundation Trust which provided an overview on the current usage of ward 6; the national and local policy context which highlighted a need to review the current model of care and information regarding ongoing staff consultation in respect of ward 6.

- 12 At its meeting on 18 January 2019, the Committee considered staff consultation feedback in respect of the services currently provided at ward 6 Bishop Auckland Hospital and staff thoughts on what future service provision might look like. Members also received the results of a service evaluation exercise undertaken with ward 6 patients which asked for patients to describe their experience on the ward. This information included admission information, home address, length of stay on ward 6, care ratings, patient involvement in their care and post discharge support.
- 13 At that meeting, the Committee also considered the outcomes of “Rapid Process Improvement Workshops” (RPIWs) undertaken by the Trust during November 2018 which examined current care pathways against best practice models of care. Members were also advised of the outline timetable to support the development of an associated communications and engagement plan which would feed into the development of options for a future model of care.
- 14 The RPIWs and staff consultation identified several considerations namely:
 - (a) A continued need for care in Bishop Auckland Hospital;
 - (b) A need for therapy input for the patient cohort currently using Ward 6
 - (c) The need to standardise the model of care in line with the other community hospitals in County Durham;
 - (d) Areas of service provision that are not operating in line with best practice
- 15 The RPIWs have provided real patient scenarios that the Foundation Trust planned, with partners, to use to engage with patients, carers and the public. CDDFT submitted a workplan request to Healthwatch County Durham for support in undertaking this work which would seek wider patient and public views and opinions to help shape options for the future model of care which would deliver the best possible patient experience and outcomes for our local populations.
- 16 In accordance with the recommendations agreed by the Committee at its meeting on 18 January 2019, representatives of County Durham

CCGs and County Durham and Darlington NHS Foundation Trust attended the Committee's meeting on 6 September 2019 to provide members with a presentation setting out the proposed plans for patient and stakeholder consultation together with the options for future service model that are planned to be consulted upon in respect of ward 6 Bishop Auckland Hospital.

- 17 In view of the impact of the proposals on some patients from Darlington Borough that accessed inpatient rehabilitation services via Ward 6 Bishop Auckland Hospital, a report was considered by the Borough Council's Health and Partnerships Committee on 29 August 2019.

Latest Position

- 18 The consultations in respect of the review commenced on Monday 7 October 2019.
- 19 The Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function requires proposals for significant developments or substantial variations in health services which are being consulted upon and which affect two or more local authorities to be considered by a joint Overview and Scrutiny Committee
- 20 Correspondence has been received from the Regional Director (North East and Yorkshire) of NHS England which confirms that, as part of their assurance process in respect of the proposed review, they require the consultation to be considered by a joint Overview and Scrutiny Committee comprising representatives from Darlington Borough Council and Durham County Council.
- 21 This joint OSC comprising 25 members (21 from Durham and 4 from Darlington) politically balanced at individual local authority level was therefore established to provide the required assurance to NHS England in respect of the consultation process. The Joint Committee was to be chaired by Durham and would not have the power of referral to the Secretary of State delegated to it as this would be retained with the respective individual Councils.
- 22 Following the announcement of the UK General Election on 12 December 2019, NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS Darlington CCGs paused the public consultation so that election purdah guidance is not breached.
- 23 Representatives of NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS Darlington CCGs will be in attendance to provide members with an update presentation setting out the

background to the service review, the proposals being consulted upon, the consultation and communications plans and the details of public facing consultation events.

Main implications

Legal

- 24 This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

Consultation

- 25 The consultation process for the review started on 7 October 2019 and has been paused due to the General Election purdah period. An update will be provided to members at the meeting.

Conclusion

- 26 Durham County Council and Darlington Borough Councils' Health Overview and Scrutiny Committees have previously met to consider proposals by North Durham CCG, Durham Dales, Easington and Sedgefield CCG and Darlington CCG in respect of the Review of Inpatient Rehabilitation services at Bishop Auckland Hospital (Ward 6).
- 27 In order to comply with the assurance process set out by NHS England (North East and Yorkshire) in respect of the proposed consultation, this joint Overview and Scrutiny Committee comprising representatives from Darlington Borough Council and Durham County Council was established.

Background papers

- Agenda, Minutes and Reports to the Adults Wellbeing and Health Overview and Scrutiny Committee meetings held on 2 May 2018, 6 July 2018, 15 November 2018, 18 January 2019 and 6 September 2019.
- Agenda Minutes and Reports to the Darlington Borough Council's Health and Partnerships Scrutiny Committee held on 29 August 2019.

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Appendix 1: Implications

Legal Implications

This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

Finance

Not applicable

Consultation

The report and presentation set out the proposals and associated statutory consultation in respect of the Review of Inpatient Rehabilitation services at Bishop Auckland Hospital (Ward 6).

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Human Rights

Not applicable

Climate Change

Not applicable

Crime and Disorder

Not applicable

Staffing

Not applicable

Accommodation

Not applicable

Risk

Not applicable

Procurement

Not applicable

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Review of Inpatient Rehabilitation in County Durham and Darlington

A review of ward 6 at Bishop Auckland Hospital

County Durham and Darlington Joint Health
Overview and Scrutiny Committee
6 January 2020



Background

- The local health system is reviewing models of care to ensure that inpatient facilities are used as effectively as possible
- Ward 6 at Bishop Auckland Hospital (BAH) was identified for review as part of this work programme
- It is important to ensure that any future models of care give people the greatest opportunity for recovery
- The local health system is committed to delivering care closer to home

Vision

To develop a person-centred model of care that delivers care closer to home

To minimise variation and maximise the health outcomes of our local population

To ensure that patients (and their families) achieve their rehabilitation goals in conducive environments staffed by multi-disciplinary teams

To ensure care is accessible and responsive to people's needs

To ensure timely and supportive discharge is achieved consistently

Scope of Review

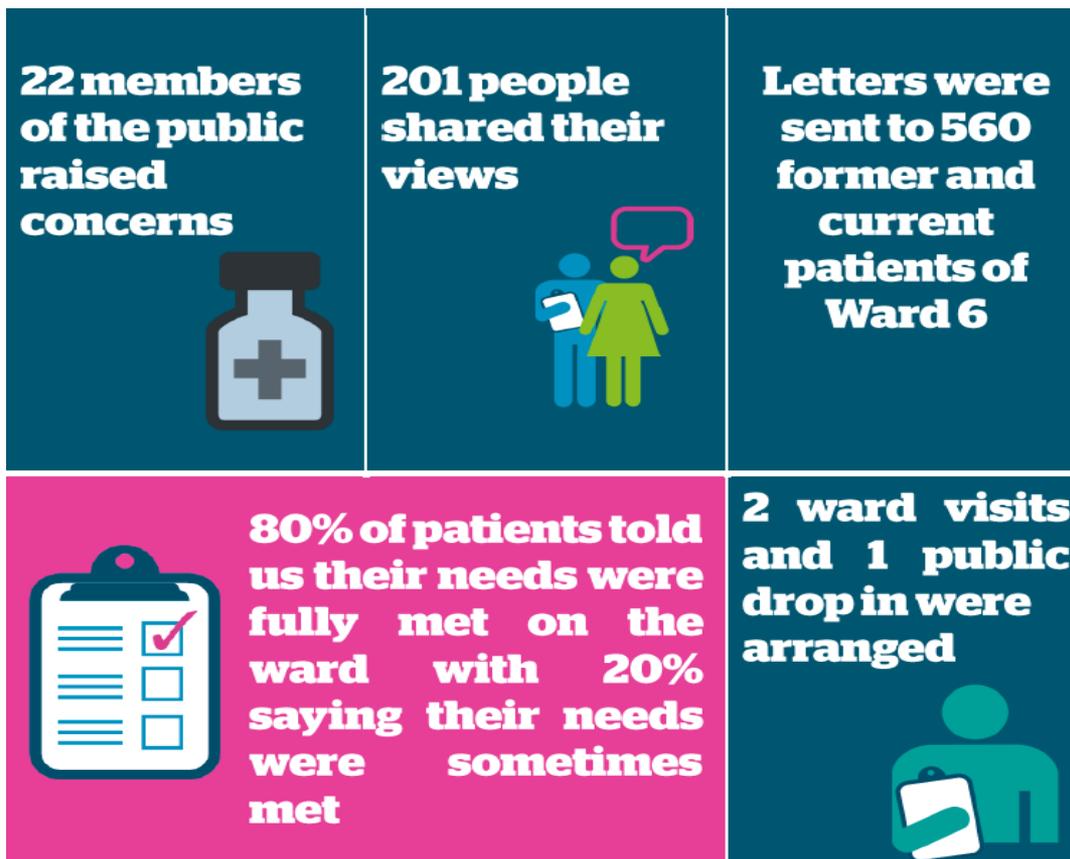
- The scope of this project relates to ward 6 at Bishop Auckland Hospital (BAH) which is a 24 bedded, nurse-led unit which currently delivers step down care.
- Although the project is specifically reviewing this ward at BAH, the wider context of delivering care closer to home has been taken into account

Current Service

- Ward 6 provides nurse-led step down care
- There are 24 beds
- There is currently no dedicated therapy support
- On ward 6 the average length of stay was 22 days in 17/18 in 18/19 this has reduced to 12 days

Patient and Carer Feedback

- Healthwatch County Durham carried out engagement with patients (and their families) across CDD



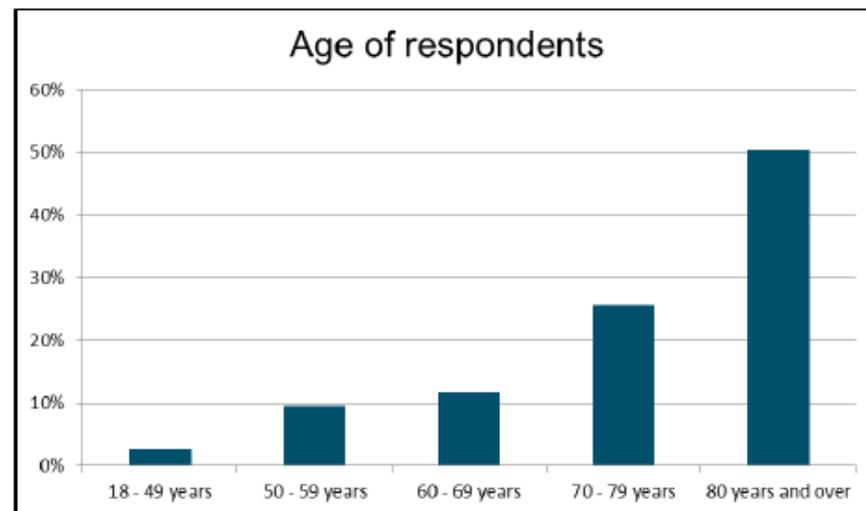
Patient and Carer Themes

The Trust should look at the extended length of time some patients are staying on the ward to see if there are steps they could take to reduce this, where appropriate

The majority of patients (57%) did not receive any therapy services whilst on the ward.

83% of patients thought their care had been good to excellent

The majority of patients (80%) told us their needs were fully met



Case for Change

- The current model of inpatient rehabilitation care is not standardised and is not always compliant with national evidence and best practice.
- We know that it is best for patients to be discharged home at the earliest opportunity to maximise their rehabilitation goals.

Options Appraisal

Clinical quality	Maintains or improves clinical outcomes; timely and appropriate services; minimises clinical risk	Patient, Public and carer Engagement – Experience and Feedback
Sustainability/flexibility	Ability to meet current and future demands in activity; ability to respond to local/regional/national service changes	
Equity of access	Reasonable access for urban and rural populations	
Efficiency	Delivers patient pathways that are evidence based; supports the delivery though access to resources	
Workforce	Provides environments which support the recruitment/retention of staff; supports clinical staffing arrangements	
Functional suitability	Provides environments suitable for delivery of care; clinical adjacencies with other relevant services/dependencies e.g. imaging	
Acceptability	Acceptable to service users, carers, relatives, other significant partners	
Cost effectiveness	Provides value for money	

Preferred Option

- The ward to become an inpatient rehabilitation unit
- Therapists to be part of the model of care
- Care to be delivered on the BAH site with a reduction of eight beds overall
- Patients will access the service following an episode on an acute or other community inpatient facility for rehabilitation.

What this means for patients in County Durham and Darlington

- Discharge planning will be start at the beginning of the patients inpatient pathway
- Robust inpatient rehabilitation will be provided from BAH
- Further inpatient rehabilitation will be available across community hospitals
- Enhanced utilisation of intermediate care
- Community based services which are responsive to need
- Health and social care will continue to work in an integrated way to avoid delayed discharges

Next Steps

- The proposals have been ratified by executive and governing body committees in CCGs and Trust
- Public consultation started on the 7 October 2019 and was paused due to Purdah
- Consultation to resume 14 January – 3 March 2020
- NHSE assurance process to be followed
- Outcome of consultation to be considered by CCGs and Trust on completion of consultation
- Ongoing communication with OSCs on progress