

# Adults Wellbeing and Health Overview & Scrutiny Committee

15 November 2018



## Review of Stroke Rehabilitation Services in County Durham

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### Report of Lorraine O'Donnell, Director of Partnerships and Transformation

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#### Purpose

1. To provide the Adults Wellbeing and Health Overview and Scrutiny Committee with a further update in respect of the Review of Stroke Rehabilitation Services in County Durham.

#### Background

2. At a special meeting of the Adults Wellbeing and Health OSC held on 2 May 2018 the Committee received a presentation from County Durham Clinical Commissioning Groups and County Durham and Darlington NHS Foundation Trust which introduced plans to review stroke rehabilitation services in County Durham.
3. Members of the Adults Wellbeing and Health Overview and Scrutiny Committee previously engaged in the consultation and reconfiguration of hyperacute stroke services which resulted in a single site model based at University Hospital North Durham. At that time there was no change to the stroke rehabilitation service.
4. The proposed review examines the hospital and community based rehabilitation elements of the stroke pathway and also recognises the procurement of the new community services contract and opportunities to include any development to the stroke rehabilitation pathway as part of the mobilisation of that contract.
5. Members were informed that the key driver for change is the need to improve health outcomes for those who have had a stroke within County Durham. The percentage of patients treated by a stroke skilled early Supported Discharge Team is significantly below target across Durham Dales Easington and Sedgefield CCG and North Durham CCG with only 3.5% and 2.6% respectively of patients receiving appropriate early supported discharge intervention (2016/17). The national average is 35%.

6. Concerns have also been expressed by clinicians that the average length of stay on the Stroke Rehabilitation Ward at Bishop Auckland Hospital (Ward 4) far exceeds best practice at 27.18 days. With early supported discharge and effective therapy input, it is believed that the average length of stay could be reduced with patients receiving care in their own environment.
7. Workforce pressures in respect of the availability of speech and language therapy for care plans; discharge planning and 7 day therapists on the acute wards are also a cause for concern.
8. At the 2 May meeting, Commissioners and County Durham and Darlington NHS Foundation Trust proposed that all current service performance and quality outcomes information be collected to develop a robust case for change.
9. Thereafter a three month period of engagement and options development would be undertaken with members of the public, patients, carers and the community engaged to inform a set of options which would be presented back to the Adults Wellbeing and Health OSC in September 2018.
10. In considering the initial proposals and case for change, the Adults Wellbeing and Health Overview and Scrutiny Committee requested further information from both Commissioners and the Foundation Trust in respect of:
  - The extent to which patients could be assured that early supported discharge would be accompanied by the same level of support that they currently received within an inpatient setting.
  - The potential impact upon the viability of Bishop Auckland Hospital of the removal of inpatient stroke rehabilitation within Ward 4.
  - The Workforce pressures facing County Durham and Darlington Foundation Trust which might impact on the stroke pathway and what a new community based stroke rehabilitation pathway might look like.
11. At the Committee's meeting held on 6 July 2018, an updated presentation was given to members confirming the scope of this service review relates to the rehabilitation elements of the pathway following an acute episode due to stroke. This includes both Community based rehabilitation and Hospital based rehabilitation.
12. Members were advised that CCGs and CDDFT partner/new community service provider have a major emphasis on community services focusing on:
  - Prevention and maintaining independence
  - Supporting patients with long term conditions
  - Managing crisis and supporting a return to independence
13. NICE Guidance and the National Clinical guidance for stroke suggest that intensive stroke rehabilitation needed to occur in the Community at the earliest

opportunity and that Early Supported Discharge is the nationally recognised model for community based stroke rehabilitation with patients having as few “hand-offs” of care as possible.

14. Members noted the lengths of stay when transferred to acute rehabilitation at Bishop Auckland Hospital (Ward 4). Concerns have also been expressed that Early supported discharge was currently only available in Easington, although there were different levels of rehab available in other parts of the county which could be delivered through the Teams around Patients and Community Hubs. The aim was to assess via direct engagement with patients, carers, families and clinicians where the best place for the delivery of rehabilitation therapies to be delivered was – in hospital or in the Community.
15. Key issues identified within the presentation were that:
  - The average length of stay for people who stay at BAH as part of their pathway is prolonged.
  - The current pathway promotes multiple transfers of care.
  - Current community based rehab services are inequitable across County Durham.
  - Rehabilitation within the community does not provide the intensity required as detailed in national guidance.
  - Patient based outcomes could be improved upon e.g. time for therapy based interventions.
16. A detailed programme of engagement activity was presented to members which included:
  - Patient Reference Groups in July across County Durham.
  - Initial discussions held with Healthwatch to build into programme of engagement.
  - Patient Public and Carer Committee (NDCCG).
  - Continue to work with Health Networks who link in with specialist groups.
  - Plans to engage via AAPs.
  - Plans to engage with bespoke stroke groups across County Durham
17. The proposed engagement was aimed at reviewing best practice and understand where improvements can be made by undertaking a call for evidence. The key principles of the engagement was to listen and understand the experiences of local people; engage with seldom heard groups; use the feedback from engagement to inform service improvement options and to feedback to stakeholders via a “you said, we did” commitment.

### **Latest Position**

18. Representatives of County Durham CCGs and County Durham and Darlington NHS Foundation Trust will attend the meeting to provide an update in respect of the engagement activity undertaken and the feedback obtained as part of the process.

19. A copy of the stroke rehabilitation stakeholder survey and updated presentation slides are attached to this report (Appendices 2 and 3).

### **Recommendation**

20. Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are requested to receive this report and consider and comment on the presentation and the information contained therein.

### **Background Papers**

Minutes of the Adults Wellbeing and Health Overview and Scrutiny Committee meetings held on 2<sup>nd</sup> May 2018 and 6 July 2018.

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**Contact and Author: Stephen Gwilym, Principal Overview and Scrutiny Officer**  
**Tel: 03000 268140**

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## **Appendix 1: Implications**

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**Finance** – None

**Staffing** - None

**Risk** - None

**Equality and Diversity / Public Sector Equality Duty** – None

**Accommodation** - None

**Crime and Disorder** – None

**Human Rights** - None

**Consultation** – The Committee has previously been advised of CCG and County Durham and Darlington NHS Foundation Trust plans for consultation and engagement and this report and associated presentation details the results of that process.

**Procurement** - None

**Disability Issues** – None

**Legal Implications** – This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013.