

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

27 April 2018

PRESENT – Councillor Newall (in the Chair); Councillors Copeland, Crichlow, Grundy, EA Richmond and H Scott. (6)

APOLOGIES – Councillors Nutt, Regan, J Taylor and Tostevin; Miriam Davidson, Director of Public Health and Ken Ross, Public Health Principal; Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust (CDDFT); Patrick Scott, Director of Operations, Durham and Darlington and Tees Esk and Wear Valleys Foundation Trust and Healthwatch Darlington. (9)

ABSENT – Councillor I Haszeldine.

ALSO IN ATTENDANCE – Councillor S Richmond, Cabinet Member with Adult Social Care Portfolio. (1)

OFFICERS IN ATTENDANCE – Karen Graves, Democratic Officer. (1)

EXTERNAL REPRESENTATIVES – Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington Clinical Commissioning Group (CCG); Carole Langrick, Executive Director of Operations, Lisa Cole, Head of Service Integrated Adult Care and Dr David Bruce, Consultant Physician in Elderly Care, County Durham and Darlington Foundation Trust. (4)

HP56. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

HP57. STROKE SERVICES PATHWAY - Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington CCG gave a PowerPoint Presentation to Members on behalf of NHS Darlington CCG and County Durham and Darlington NHS Foundation Trust (CDDFT) and, in doing so, advised Member this was a collaborative approach also with NHS North Durham and NHS Durham Dales and Easington CCGs regarding a review of the Stroke Services Pathway, recognising CDDFT as the main provider of services across all CCGs. Members were advised of the opportunity of the review considering that CDDFT had recently been announced as the new provider for Community Services which included the elements of therapy services being reviewed.

Members were advised that the review would focus on the rehabilitation elements of the pathway following an acute episode due to stroke. It was stated that effective rehabilitation can have a dramatic impact on the quality of life of a person who has suffered a stroke and that fully developed Early Supported Discharge (ESD) was recommended in the national clinical guidelines for stroke. Evidence suggested that ESD could reduce the length of hospital stay for patients and ensure high intensity intervention from a range of healthcare professionals. Members were provided within the presentation the evidence base eluded to.

Details were provided of the current pathway following presentation with signs and symptoms of stroke and it was reported that of the 890 patients admitted to Ward during 2016/17 154 were from the Darlington area and 21 per cent of those (46) were then transferred to Bishop Auckland hospital for rehabilitation and it was acknowledged this was limited in comparison to those returning home.

Particular reference was made to the Sentinel Stroke National Audit Programme (SSNAP), the national audit which all stroke services were measured against. The results of the Audit provided a base line national average across all CCGs and current performance highlighted the need for improvements across the stroke pathway, from prevention to rehabilitation, following a stroke. The results also measured each individual Trust against a range of ten key stroke indicators and one key reason for the review was poor outcomes for patients from the current pathways.

Members were advised that the current pathway delivered across multiple sites needed to be reviewed as currently multiple sites offered fragmented rehabilitation care resulting in no County-wide stroke community rehabilitation service or single key worker assigned to patients from admission. The average length of stay of 27 days at Bishop Auckland Hospital exceeded best practice and with enhanced Early Supported Discharge and effective therapy input this stay could be reduced with patients receiving interventions within their own environment where this is clinically appropriate.

SSNAP also identified ongoing improvement requirements for County Durham and Darlington Foundation Trust in relation to the rehabilitation of patients including speech and language therapists input into multi-disciplinary teams/joint care planning, access to therapists seven days a week and required improvements to the discharge planning process. This would be covered in the review of the service.

It was highlighted that as part of the review a consideration in relation to sustainability of the future workforce requirements was necessary, this is considered in any future options regarding the delivery of stroke rehabilitation. Members were informed that a good service and model would ensure that quality staff were more likely to remain within the service. Dr Bruce reported that, in his opinion, Durham Stroke Services were viable and that one member of staff was particularly keen to work in Darlington providing the opportunity for a possible further clinic in the future, although Members were reminded that hyper acute stroke was not part of this review.

It was outlined that the CCGs and CDDFT were committed in collaboration to collate all current service performance and quality outcomes information in order to develop a robust case for change to ensure the same outcomes for all residents across the area. It was agreed this would not be undertaken in isolation of our wider partners.

The partners proposed to engage with the public, patients, carers and community over the next three months to inform a future set of options to ensure the stroke service delivers best value for rehabilitation services. The process of engagement was to include open and transparent discussions with communities, including the voluntary and community sectors, as providers of some services, and will incorporate a variety of communication methods ensuring accessibility and inclusiveness for all.

A further report will be submitted to this Scrutiny Committee on any decisions made and the reasons for those decisions following agreement by the NHS CCG's Governing Body.

Discussion ensued on the stroke severity of the 46 Darlington residents admitted to Bishop Auckland Hospital, length of recovery time and the importance of getting rehabilitation at an early stage.

Members raised concerns over the length of time patients spent recovering at Bishop Auckland Hospital and whilst supporting care in patients' homes, questioned if there would be sufficient support available in the community. Concerns were also expressed that some patients were paying for private physiotherapy as they had been unable to access NHS services for various reasons.

It was emphasised that the service would focus on individuals and individual need ensuring the right care at the right place. Dr Bruce advised Members that stroke patients recover mostly within six weeks after a stroke with gradual recovery taking place for up to 24 months after that. He also stated that there were few Physiotherapists in the north east with an expertise in stroke patients and their needs.

Dr Bruce stated that the proposed model had been very successful in Hartlepool with individual needs being tailored to and patients being able to go home quicker with Early Supported Discharge. The Community Stroke Team also worked on the Stroke Ward of University of Hartlepool Hospital ensuring continued care once a patient was discharged.

It was also stated that sometimes a transfer to Bishop Auckland Hospital could be detrimental to patients in relation to their length of stay and that it was possibly better to remain at University Hospital of North Durham a little longer whereby specialist care and rehabilitation could be integrated as a potential option.

The CCG representative stated that work was ongoing and would include social care partners to ensure that the pathway was robust and met local need. It was reiterated that the staffing issues and future workforce requirements could not be under-estimated. It was also agreed that to do nothing was not an option as performance in the area was not good and needed to improve. The work that would be undertaken in relation to determining future options would be identified through working with the Provider and through engagement with the public.

Members concurred that there needed to be equality across the County and that the best outcomes would be delivered through rehabilitation being provided closer to home. A Member of the Committee raised a concern in relation to ensuring the community service would be developed and staff encouraged to gain qualifications in therapy for stroke patients as it was reported that some patients wrongly advised they had support at home as they wanted to be discharged and return home.

In relation to the engagement process it was confirmed that the CCG was working alongside the CDDFT and CCG Communications Team and would utilise their community Council Members supported by Healthwatch to maximise engagement opportunities on the proposals.

Following a question Committee was advised that patients presented at Darlington Memorial Hospital for various reasons including family seeking urgent assistance, patient condition deteriorating rapidly resulting in NEAS policy to present at the nearest A&E, use of telemedicine and issues with the CT scanner at University of Hospital North Durham.

Members suggested various organisations and groups that could be included within the engagement process.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to the CCG and CCDFT representatives for their useful and informative presentation.

(b) That the proposed stroke pathway revision be noted.

(c) That a report be submitted to a future meeting of this Scrutiny, following completion of the engagement process, detailing the preferred options.