DARLINGTON Borough Council

County Durham and Darlington NHS Foundation Trust

NHS Tees Valley Clinical Commissioning Group

Stroke Rehabilitation Service Update

Darlington Health and Housing Scrutiny Committee

August 2021

Background (Timeline)

- In **2017** Proposal to moving rehabilitation services to from BAH to UHND presented by CDDFT to both Durham and Darlington CCG's.
- Between **Oct - Jan 2018** a series of Engagement events took place
- In **March 2019** a review of rehabilitation elements of the pathway following an acute episode due to stroke – including services based at Bishop Auckland Hospital (BAH) and in the community.
- **Then COVID happened**
- Update presented to Health and Housing Scrutiny **March 2020**

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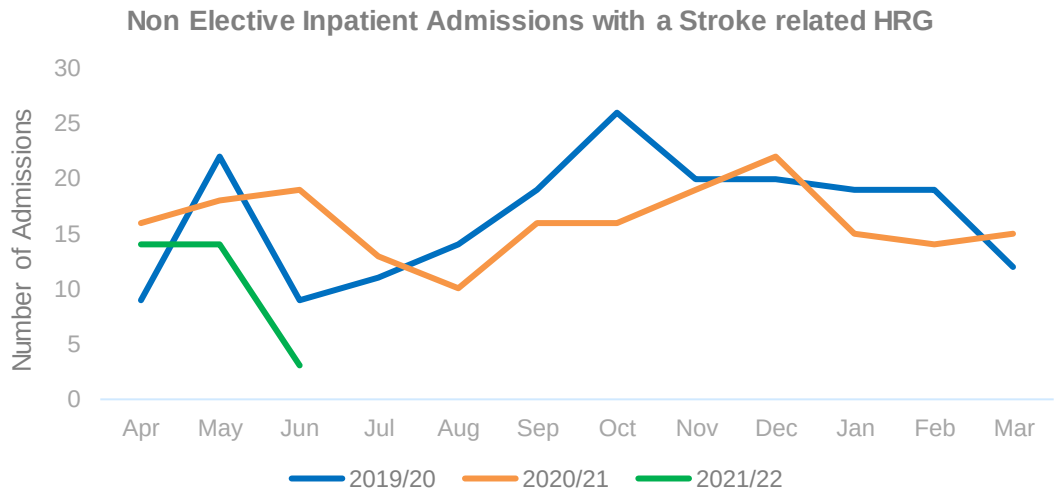
Stroke Admissions*

	Number of Admissions		
Month	**2019/20**	**2020/21**	**2021/22**
Apr	9	16	14
May	22	18	14
Jun	9	19	3
Jul	11	13	
Aug	14	10	
Sep	19	16	
Oct	26	16	
Nov	20	19	
Dec	20	22	
Jan	19	15	
Feb	19	14	
Mar	12	15	
Grand Total	**200**	**193**	**31**



*People who are registered with a Darlington GP Practice

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Vision March 2020

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

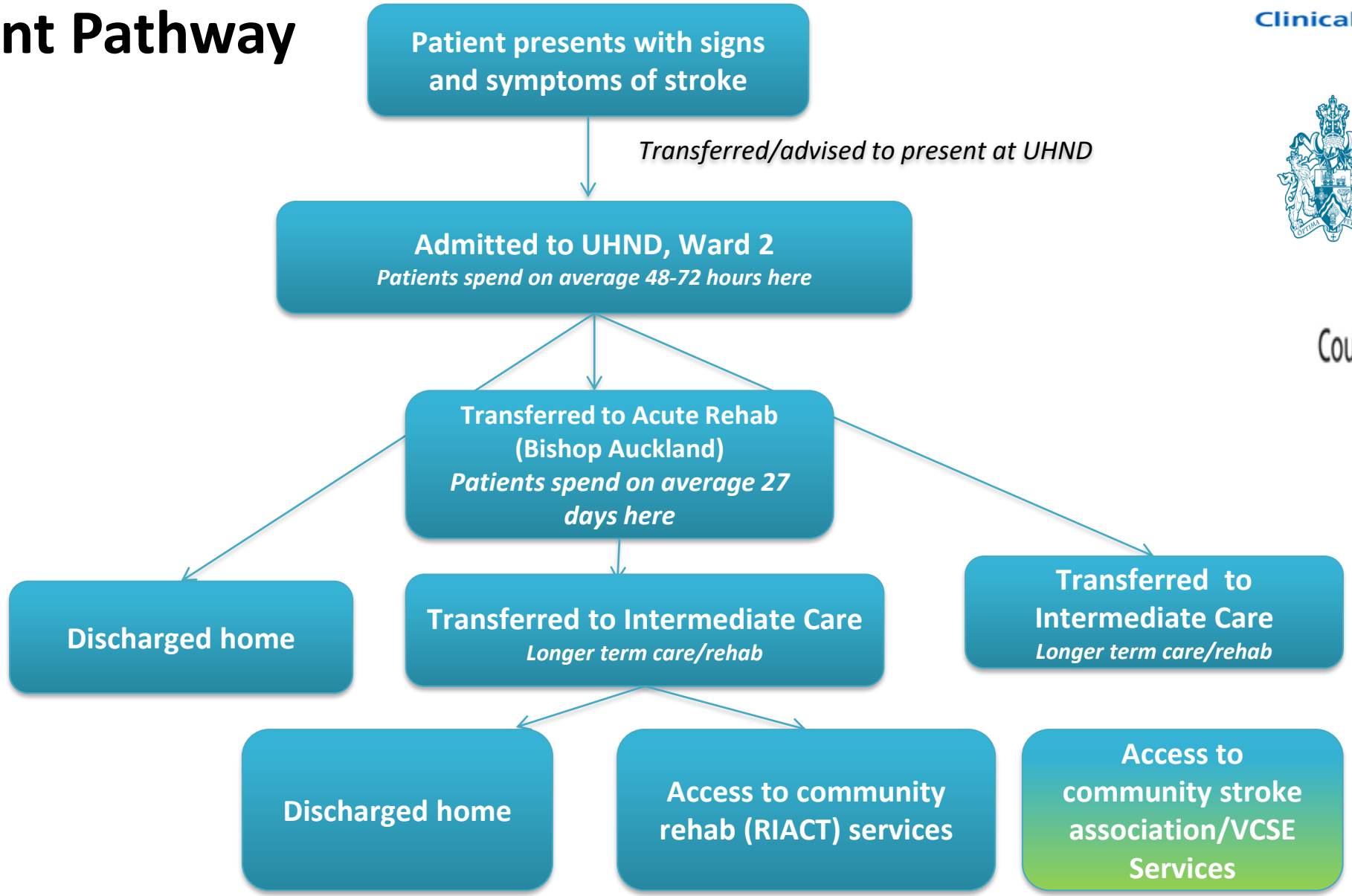
To ensure care is accessible and responsive to people's needs

To develop a service which retains and attracts an excellent workforce

Future Provision Update

We Planned (March 2020)	We Did (August 2021)
Safe high quality services	No change to delivery of inpatient rehabilitation at BAH and UHND Reviewed of Darlington rehabilitation pathway identified areas of good practice and areas for investment and transformation. Proactive work across GP Practices to identify people with Atrial Fibrillation to ensure people were clinically optimised
Home first philosophy – care closer to home	National Discharge to Assess Policy (2019/20) adopted during COVID 19 accelerated the care closer to home agenda with a strong focus on the 'home first principles' through supported early discharge.
Inpatient specialist stroke rehab to be delivered at BAH and UHND	People continue to receive impatient rehab from BAH and UHND as part of the pathway.
Improved therapy services – investment into RIACT Community Model	Additional investment in the stroke community pathway; WTE 2.0 band 6 Physio's WTE 0.70 band 6 Occupational Therapists 0.97 WTE band 5 OT 0.75 WTE band 4 AP 0.6 WTE band 6 Speech and Language Therapists
Work to develop more seamless transitions	Positive culture of integrated working across Health, Care & VSCE services in Darlington promoting smoother transition into community services as part of pathway.
Continue to review usage of the system *National figure	**Sentinal Stroke National Audit Programme (SSNAP) data: April 2019 – March 2020 (CDDFT)** Percentage of applicable patients receiving a joint health and social care plan on discharge **100%** **(96.3%)*** Percentage of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation **100%** **(98.2%)** Percentage of those patients who are discharged alive who are given a named person to contact after discharge **99.4%** **(97.7%)** **Stroke Service: Stroke Association: 178** referrals to the service in 2019 – 20120

Current Pathway



Next Steps

- Continue to monitor the effectiveness of pathway eg Supported Early Discharge
- Engage in contractual discussions in relation to any ongoing investment against the stroke pathway based on current and additional investment in 2021 to ensure outcomes are being achieved for people eg what difference has is made?
- Work in Collaboration with partners as part of the Stroke Clinical Services Strategy Managed Clinical Network Meetings

Any questions?