

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 22 October 2009.

**PRESENT:** Councillor Dryden (Chair); Councillors Cole, Purvis and P Rogers.

**OFFICERS:** J Bennington and J Ord.

**\*\*PRESENT BY INVITATION:** Middlesbrough Primary Care Trust:  
Linda Brown, Service Reform Manager.

Middlesbrough Local Involvement Network:  
Anne Frizell, Team Leader.

Representatives of Positive Strokes:  
Gordon Aveling, Jim Oakey and Mrs Pat Oakey

**\*\*APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Dunne and Lancaster.

### **\*\* DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

### **\*\* MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 8 October 2009 were taken as read and approved as a correct record.

## **STROKE SERVICES DRAFT FINAL REPORT**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Middlesbrough Primary Care Trust and Positive Strokes to discuss the Panel's draft final report relating to Stroke Services in Middlesbrough.

The Chair welcomed all representatives to the meeting to reflect on their own experiences and consider the emerging themes from the evidence compiled which would assist in the finalisation of the conclusions and recommendations to be incorporated into the Final Report which centred on the following: -

Draft Conclusions: -

- i) On the basis of the evidence and representations considered by the Panel, there seems to be a great deal to be proud of in relation to Stroke Services in Middlesbrough. Whilst services are not perfect, the Panel would commend the progress made in recent years, particularly around the 24 hour access to thrombolysis services available at James Cook University Hospital, which is by no means replicated elsewhere in the region.
- ii) On the basis of the evidence considered by the Panel, there seems to be a distinct problem around Stroke and Stroke Awareness, particularly amongst the BME community and more deprived communities. The Panel has noted that this is especially the case with the awareness of symptoms of a Stroke and the urgency with which those symptoms should be treated. The Panel has heard from staff at JCUH that appreciable numbers from North Yorkshire appear to self refer immediately after a Stroke, but much less people from Middlesbrough do the same.
- iii) Connected to the theme of Stroke awareness is the topic of GP awareness. The Panel has heard, notably from the North East Cardiovascular Disease Network, that not all in General Practice seem to approach Stroke as a medical emergency and that needs to change.

- iv) The Panel has heard that a significant number of Strokes could be prevented through better proactive healthcare measures such as the monitoring of blood pressure and cholesterol. The Panel feels that the Cardiovascular Disease Screening Programme recently introduced by NHS Middlesbrough should play a considerable role in intercepting certain problems before they manifest themselves as a Stroke.
- v) On the basis of the evidence considered, the Panel feels that additional developments should be progressed, specifically around advice for carers, psychological support for patients and carers and support for people's rehabilitation following discharge from an acute setting. The Panel has heard that such assistance is available for people newly discharged from hospital, although the more time passes by, that support tapers off due to the limited capacity of community based services. The Panel has heard that more assistance could be required when the reality of post-stroke life has set in, which is very difficult to deliver, due to the pressures of more recent stroke patients also being discharged from hospital.
- vi) The Panel would like to highlight that the awareness of the BME community is a critical matter to address. Whilst the BME population of Middlesbrough is actually quite young presently, it will age over time and the proportion of that population being classed as 'older' will also increase. Given the BME community's genetic increased risk to CVD and Stroke, it strikes the Panel that awareness campaigns should begin as soon as possible.

Draft Recommendations: -

- i) The Panel recommends that NHS Middlesbrough and Middlesbrough Council instigates a series of targeted awareness campaigns of the symptoms and severity of Strokes. Such awareness campaigns should include information on the services provided designed to deal with Stroke, but also the preventative services designed to prevent Strokes. They should be targeted at particular groups such as the BME community, General Practice and older people. The Practice Based Commissioning model would be in an ideal position to progress this matter.
- ii) The Panel recommends that the capacity of community based services be critically appraised, so that a judgement can be made about whether there is sufficient capacity to provide services for longer term stroke patients, as well as those recently discharged. This should include psychological support, rehabilitative support and carers support and advice.
- iii) The Panel recommends that Community Councils look to use a part of their budget to publicise Stroke awareness in their areas.
- iv) That Middlesbrough Council considers whether it currently offers sufficient support to back into work schemes, for Stroke patients of working age. The Panel would like to hear the outcome of this assessment.
- v) That NHS Middlesbrough and Middlesbrough Council considers in detail as to whether there is sufficient psychological support for the family of Stroke patients in dealing with the impact of a Stroke. The Panel would like to suggest that existing patient and carer groups, given their expertise and subject interest, are involved as possible partners in delivering such a service.
- vi) That the South Tees Hospitals NHS Foundation Trust look to improve the social/lounge area facilities within the Stroke unit at JCUH, to enable patients to have better access to their friends and family, to assist in their recovery.
- vii) That NHS Middlesbrough and Middlesbrough Council considers whether community teams with a responsibility for post acute stroke services have sufficient capacity to provide appropriate levels of service to all stroke patients who require assistance, as opposed to simply the most recent Stroke patients.

Representatives of Positive Strokes gave an indication of their own experiences with particular regard to areas where they felt that improvements could be made. It was considered that the main area for improvement related to the rehabilitation process including periods of physiotherapy. Reference was also made to added difficulties for stroke patients who also had other complex needs and required a number of different services. It was recognised that such areas provided a major challenge to the NHS given the competing demands of patients recently discharged from hospital and limited capacity of current resources.

It was acknowledged that whilst improvements had been made over recent years the rehabilitation unit at James Cook University Hospital was considered to be inadequate. Examples were also given whereby patients and/or carers had needed to pursue various contacts in order to ensure that they continued to receive appropriate physiotherapy on a regular basis within the home setting. Reference was made to stroke patients who also had other complex needs and required a number of different services.

In discussing draft recommendation (ii) above it was acknowledged that in order to secure further improvements in this area a formal partnership agreement should be pursued between services at James Cook University Hospital, Carter Bequest Hospital, Guisborough Hospital, **Middlesbrough** and Redcar & Cleveland Community Services, and Integrated Care Team to more easily be able to have a rotation of staff and provide appropriate cover.

Given the range of services which may be required for long term patients after a stroke and for preventative services it was suggested that in order to lessen the confusion it would be beneficial to have a single point of contact to a stroke unit. It was recognised that whilst staff need not necessarily be all NHS clinical staff it was very important to ensure that staff were appropriately trained to be able to deal with and refer as required across a wide range of services. The possibility of the Stroke Association and groups such as Positive Strokes assisting in some way was referred to. The importance of having appropriate information readily available including action plans on how to keep active was highlighted.

The importance of having groups such as Positive Strokes was highlighted in providing support for people after having a stroke and their carers especially in terms of shared experience and identifying services which were found to be helpful and responsive to a patient's specific needs.

Following rehabilitation and help from physiotherapists an important element of the recovery process was seen as self-help which could be gained at local gyms or health centres. An indication was given of leisure facilities with appropriately trained staff which provided suitable exercise plans and get active programmes. Specific reference was made to a recent pilot scheme whereby officers of Middlesbrough Council had received accredited training and were able to support in providing appropriate exercise programmes. Specific reference was made to the ARNI training, which provided trainers with sufficient knowledge about the nature of strokes and techniques to assist a person with their exercise plan as part of their recovery programme.

In discussing the merits of having a dedicated Stroke Unit at James Cook University Hospital it was noted that there were varying opinions amongst staff at the hospital and North of England Cardiovascular Network as to whether or not there should be a specialist Stroke assessment unit as outlined in the report.

The need for a series of targeted campaigns with particular regard to the symptoms of strokes; availability of services; and preventative services was acknowledged. Specific reference was also made to the need to target groups such as the BME community and General Practice. The Panel reiterated the suggestion that Community Councils could utilise part of their budgets and assist in publicising stroke awareness campaigns by way of leaflets or arranging specific events.

**AGREED** as follows: -

1. That all representatives be thanked for their attendance and contribution to the deliberations the outcome of which would be incorporated into the Panel's Final Report.
2. That draft recommendations (ii) and (vii) outlined above be combined.

3. That the draft Final report be amended accordingly and forwarded to the Panel for comment prior to submission to the next meeting of the Overview and Scrutiny Board.

### **MIDDLESBROUGH LOCAL INVOLVEMENT NETWORK**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the Middlesbrough Local Involvement Network.

The Panel was reminded that the structure of patient and public involvement had been changed by Central Government with Patient Forums being replaced by Local Involvement Networks (LINKs), with one LINK to every social services authority, meaning that there was now one LINK for all of Middlesbrough.

A crucial part of the public accountability mechanisms in local health services was the relationship between Health Scrutiny and LINK, and specifically the LINK's ability to refer matters to Health Scrutiny.

Over the last year, Middlesbrough LINK had spent a great deal of time arranging its governance structures and developing its membership and were keen to develop its relationship with the Panel.

The Chair welcomed the Middlesbrough LINK co-ordinator who updated Members on the progress of the LINK.

By way of background information copies of the Middlesbrough LINK's Annual Report April 2009-March 2009 were circulated together with a copy of the Group's Work Plans, which would be monitored by the Core Group on a monthly basis through progress reports. Specific reference was made to the launch of the Group and in particular the arrangements made to set up smaller workshops with a view to identifying issues for the operation of LINK and potential areas for future examination.

Specific reference was made to a report of Middlesbrough LINK following concerns raised by disabled people regarding the misuse of the Blue Badge Disabled Parking Scheme.

**AGREED** as follows: -

1. That Mrs Frizell be thanked for attending the meeting and for the information provided.
2. That an open invitation be extended to Mrs Frizell to attend future meetings of the Health Scrutiny Panel.

### **PSYCHOLOGICAL THERAPIES IN TEES – IMPROVING ACCESS**

The Scrutiny Support Officer submitted a report, which provided an update on Improving Access to Psychological Therapies (IAPT).

The Panel was reminded of the substantial piece of work undertaken on the topic of Emotional Wellbeing and Mental Health. A major element of that work related to people with low level mental health problems having access to 'talking therapies', as an alternative to being prescribed anti depressants for example.

It had been reported that funding had been secured for the development of such talking therapies, which fell under the IAPT heading. Reference was made to an update provided by NHS Middlesbrough on the progress of the IAPT project.

The IAPT programme aimed to ensure that NICE recommended interventions described in the stepped care model were available to the community and that regions were supported in developing a new workforce and career structure in mental health delivery.

The Panel was advised that across the Tees £7.4 million investment had been allocated to procure 2/3rds of an IAPT workforce that would join an existing previously contracted one third staff group.

NOTED

#### **OVERVIEW AND SCRUTINY UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 22 September 2009.

NOTED