HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 13 April 2011.

PRESENT: Councillor Dryden (Chair); Councillors Carter, Davison, Junier, Lancaster and Purvis.

OFFICERS: J Bennington, J Duffield, P Dyson, J Ord and P Stephens.

****PRESENT BY INVITATION:** Councillor Brunton, Chair of Overview and Scrutiny Board

South Tees Hospitals NHS Foundation Trust:
Adrian Bergin, Consultant Elderly Care
Lynne Carr, Directorate Manager, Older People's Services
Joanne Elliot, Stroke Unit Ward Manager
Jeanette Power-Jepson, Clinical Matron – NHS Middlesbrough
Linda Brown, Commissioning Manager.

**** AN APOLOGY FOR ABSENCE** was submitted on behalf of Councillor Cole.

**** DECLARATIONS OF INTEREST**

There were no declarations of interest made at this point of the meeting.

****MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 9 March 2011 were submitted and approved as a correct record.

STROKE SERVICES UPDATE

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from the local health and social care economy to present an update on the progress made in relation to Stroke Services since the publication of the Panel's Final report on the subject a copy of which was provided at Appendix 2.

The report also referred to a report recently published in relation to the Care Quality Commission (Appendix 3) on the quality of Stroke Services, entitled Supporting Life After Stroke.

The representatives outlined progress with specific reference to the Panel's recommendations as outlined in the report.

In relation to recommendation (a) it was confirmed that there had been a national advertising campaign in 2010 which was currently being repeated on television the aim of which was to highlight what people should do if they believe someone was having a stroke through the FAST test.

Within Social Care there had been a number of Stroke Awareness sessions held for staff working in a variety of services, including the independent sector.

The Stroke Association had been commissioned to undertake a programme of Awareness Raising initially for the public and then subsequently extended to also include professional awareness raising for GP practices. The need for Stroke Awareness training had been flagged to the lead GPs establishing the new GP Commissioning Consortia. It was noted that most practice staff had indicated that they would change practice such as same day appointments for TIA and treat Stroke as medical Emergency. Some practices had agreed to change their out of hours message to indicate the need to dial 999 if a stroke was suspected.

The report outlined activities which had been undertaken in the Middlesbrough Area which included the Hindu Temple and Middlesbrough East Job Centre Plus.

The Panel discussed the various local and national measures being pursued but acknowledged the difficulties in getting the message across to the general public of prevention and receiving early treatment.

In terms of recommendation (b), Linda Brown, Commissioning Manager, NHS Middlesbrough confirmed that a robust review involving appropriate agencies had been undertaken and various models examined resulting in a preferred model for a dedicated Early Supported Discharge Team and Community Stroke Rehabilitation Team under single management providing a seamless service. Business cases had been developed for the preferred model which had been submitted into the PCT Annual Operating Planning process but owing to lack of recurrent funding, investment had not been approved. Although it was acknowledged that it was an expensive option it was pointed out that savings could be made be freeing up beds in acute setting but most importantly provided better outcomes for patients. Adrian Bergin, Consultant in Elderly Care confirmed that a patient would receive the same level of therapies under such an option.

Members acknowledged the benefits of different organisations working together resulting in better outcomes for patients and supported endeavours to seek continued investment in pursuance of a dedicated Early Discharge Team.

The Panel was advised of a range of improvements in Stroke Rehabilitation Services which had been undertaken during the year using non-recurrent funds from the PCT, Local Authority and Cardiovascular Network.

Within Social Care, the Stroke Grant had been used to create a number of posts of Stroke Co-ordinator (Social Worker), Stroke Co-ordinator (Occupational Therapist) and a Care Manager Assistant post based at the Independent Living Centre.

In response to the recommendation for Community Councils to use a part of their budget to publicise Stroke awareness in their areas it was confirmed that the Head of Service in Social Care had written to all Community Council Chairs advising them of the free service provided by the Stroke Association. The Panel was advised however that there had been virtually no take-up of the offer by Community Councils.

In relation to recommendation (e) the PCT had commissioned a dedicated psychological service for stroke patients that would work as part of the Integrated Stroke Rehabilitation Service across the whole patient pathway. Following initial recruitment difficulties, the Trust and the PCT had agreed an alternative approach to the service staffing structure and had been successful in securing joint posts with the Neuropsychology department.

It was noted that the Stroke Psychology Service would be working with staff on the James Cook University Hospital Stroke Unit, Carter Bequest Stroke Rehab Unit (and also Guisborough Stroke Rehab Unit) and with the Stroke Association Family/Carer Support Workers, to support staff in effective delivery of care to stroke patients with psychological problems.

It was confirmed that the South Tees Hospitals NHS Foundation Trust had approved funding for the reconfiguration which would shortly be completed of existing areas of the Stroke Unit to enable provision of a quiet room for use by family and carers.

Reference was made to the Comprehensive Stroke Rehabilitation review undertaken across the South Tees locality which had identified a range of needs to offer a high quality community stroke service. To take forward the resulting Action Plan the PCT had commissioned a two year appointment of a Stroke Rehabilitation Lead to work up service proposals and lead improvement work across the pathway.

The aim to have a single point of access for stroke patients and carers had been built in as an integral part of the proposals for a dedicated Community Stroke Rehabilitation Team. In the absence of being able to commission such a team, the Stroke Association Family Carer Support Service provided a point of contact for the first year following discharge.

The South Tees Hospitals NHS Foundation Trust Board had approved a business plan to support the development of Acute Stroke Services in February 2010. Such a plan included funding for two Consultant Stroke Physicians (1 of which would work in part in the Friarage Hospital) plus some sessions of Neurologist Consultant time to support the Stroke Out of Hours rota and weekend TIA clinics.

The recruitment of nurses and therapists completed by October 2010 had enabled assessment of stroke patients by therapists; a seven day a week TIA service with same day imaging and an enhanced level of nursing care for patients with acute stroke.

The Panel was advised that the Trust had been unable to appoint to either of the additional Stroke Consultant posts as yet. The development of Stroke Services throughout the country had meant demand for stroke specialists had far exceeded supply. As an interim measure the Trust had employed a Locum Consultant in Elderly Care to free up more stroke specialist time and with the co-operation of a number of Neurologists had since I October 2010 been able to deliver a 24 hour stroke on call service including review of all new patients by a stroke specialist within 24 hours., seven day a week TIA clinics, 24 hour availability of stroke specialist opinion as well as continuing to provide a 24 hour stroke thrombolysis service.

Members' attention was drawn to a briefing paper on the recent CQC Review at Annex 2 which outlined what needed to be undertaken to achieve 'best performing' status.

The report summarised that in the South of the Tees, investment in stroke rehabilitation services had previously been made in community stroke beds, rather than in dedicated stroke teams to support patients at home and for longer term. The lack of such a dedicated team had affected the PCT performance across many of the measures in the CQC review.

The Panel was advised that the Summary and Key Areas for improvement in the main CQC report were all relevant locally. The table outlined in Appendix A showed areas of improvement in the Middlesbrough area for the NHS and Local Authority some of which could be made with little expenditure but others might require significant investment. It was considered therefore that consideration needed to be given to the prioritisation of investment going forward in the context of the current financial situation and the Quality, Innovation, Productivity and Prevention programme.

The report indicated that whilst there were areas needing improvement it was pointed out that there were examples of good practice in the locality and real commitment of local stroke professionals to delivering high quality care for patients and their carers.

The Panel was advised of a number of existing community-based services that supported stroke survivors after discharge which was currently funded from non-recurrent budgets in health and social care and were therefore at risk from 2012/2013.

AGREED that the representatives be thanked for the information provided which was noted together with the progress made in relation to stroke services.

CORPORATE PERFORMANCE MANAGEMENT FRAMEWORK 2011/2012 HEALTH

The Corporate Performance Team Leader presented a report to advise on progress in developing the Council's Corporate Performance Management Framework for 2011/12 and to seek comment on the proposals in respect of performance measures and improvement priorities for relevant services within the Adult Social Care, Environment and Children's Families and Learning departments.

The Panel was advised that since May 2010, the Coalition Government had implemented a radical overhaul of the national performance framework for local government in line with the principles of localism and reducing bureaucracy resulting in changes which included:-

- the abolition of Local Area Agreements;
- the abolition of Comprehensive Area Assessment;

- the introduction of the 'transparency' agenda which required the publication of certain corporate and service information to make local authority's more accountable;
- the replacement of the current National Indicator Set with a Single Data List which identified all Central Governments' information requirements of local government.

The Panel was advised that alongside the development of a Single Data List the Government was also consulting on major policy changes such as on health, education and safeguarding which was likely to have a significant influence on such activities and associated performance measures.

A copy of the suggested key performance measures and improvement priorities for 2011/12 for relevant services to the Panel was attached at Appendix A to the report.

Members specifically referred to the importance of tackling the wider determinants of health and measures being pursued at various Council leisure centres. During discussions the importance of ensuring that appropriate pricing mechanisms were in place to encourage participation was emphasised.

AGREED that the information provided be noted.

IMPLEMENTATION OF RECOMMENDATIONS

The Scrutiny Support Officer presented a report, which outlined progress achieved in relation to the implementation of agreed Executive actions resulting from the consideration of Scrutiny reports.

The Panel was advised of 8 recommendations which had passed their target date for completion.

NOTED

OVERVIEW AND SCRUTINY BOARD 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 8 March 2011.

NOTED