

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 24 August 2011.

PRESENT: Councillor Junier (Vice-Chair) (In the Chair); Councillors Cole, Harvey, Lancaster, Mawston, Mrs H Pearson and P Purvis.

OFFICERS: J Bennington, J Ord, M Robinson and K Warnock.

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

Glenys Marriott, Chairman, North East Neurosciences Network

NHS Tees:

Beverley Reilly, Associate Director /Board Nurse

Christine Brown, Adult Safeguarding Lead

Dr V Nanda and Dr H J Waters, Pathfinder Middlesbrough

Clinical Commissioning Group

Chris McEwan, NHS Tees.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of the Chair, Councillor Dryden and Councillor Davison.

**** 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 25 July 2011 were submitted and approved as a correct record.

NEUROLOGICAL CONDITIONS – INITIAL EVIDENCE – NORTH EAST NEUROSCIENCES

The Scrutiny Support Officer submitted an introductory report on the Panel's next area of scrutiny investigation, Neurological Conditions.

As part of the background information details were provided of data provided on the Neurological Alliance Website on Neurological Conditions the numbers of which were predicted to grow sharply in the next two decades due to improved survival rates, improved general health care, infection control, increased longevity and improved diagnostic techniques. Neurological Conditions covered a vast array of different conditions the cause of some were not yet known and levels of public awareness was considered to be low even about relatively common conditions, such as epilepsy.

The introductory report also provided background information on the North East Neurosciences Network (NENN) which had been established in 2008 'to promote the delivery of the National Service Framework for Long Term Neurological Conditions through a collaborative approach to commissioning across the region. This includes cross sector and cross agency working involving user and carer groups and the third and independent sectors.' The intentions of NENN were 'to ensure delivery of timely, appropriately informed, skilled services closer to people's homes, in the community. Standards of access and services will be as consistent as possible across the region, with increased choices of options to remain living independently in the community.'

In order to assist deliberations a series of questions had previously been provided on key areas for the Panel's consideration a detailed written response to which had been provided by the Chairman of NENN and circulated to Members.

The Chair welcomed Glenys Marriott, Chairman of the North East Neuroscience Network who in her initial comments thanked Members for her invitation and indicated that the Panel was the first in the North East to consider neurosciences services. The briefing paper submitted outlined the history of the work of the Network and gave an indication of the challenges facing NENN. Of overriding importance was for each person to receive an appropriate, timely and personal care pathway to enable them to achieve their best outcomes regardless of whether it was for an extremely rare or more common disease. Rehabilitation and enablement were considered to be a crucial part of the care pathway for neurological conditions by decreasing dependence on health service and potentially delivering savings through alternative pathways.

It was considered that Neurosciences services had traditionally been lacking in the kind of investment as seen in other areas in particular, specialist and life long rehabilitation provision. Despite significant advances in medical science it was acknowledged that there still remained a public perception and stigma attached to neurological conditions.

In recent years the planning and development of Neurological Services had been guided by the National Service Framework for long-term neurological conditions but with no financial allocation or ring-fenced monies, nor any targets for PCTs, provider trusts or GPs. In April 2008 the NENN was established under the auspices of Middlesbrough PCT to act as co-ordinator.

The Network had been set up with the principle aims through commissioning which amongst other things was to (i) redesign regional and local services, targeting resources to improve equality of access and standards of service, resulting in sustainable outcomes for users of the services and their carers, and (ii) develop and enhance resources, knowledge and skills across the North East to improve access to information and standards of care, appropriate rehabilitation and support for users of the service. The Network was the only commissioner-led neuroscience network supported by key agency representatives and Neurological Alliances.

The Network achieved strong representation of the views of patients and the neurological charities by the membership of both Neurological Alliances covering the whole of the North East. The Tees Valley Durham and North Yorkshire Alliance had been in place since 2004.

By way of background information copies of DVDs were made available for Members' information. The DVD had been funded by Middlesbrough PCT and had been produced after examining the lives of those with different neurological conditions, at workshops held in Middlesbrough.

The Panel's attention was drawn to a copy of the Health Needs Assessment for Long Term Neurological Conditions (LTNC) in North East England work which had been carried out by the North East Public Health Observatory on behalf of the Regional Neuroscience Commissioning Network. Specific reference was made to one of the recommendations namely that an agreed definition of which conditions should be considered as LTNCs should be developed. The high rate of emergency admissions for acquired brain injury by Middlesbrough PCT for patients aged under 19 years old was noted.

In terms of the overall financial situation it was noted that the Network had been active in securing additional resources to invest in local service developments but without targets and ring fenced budgets it was considered to be an ongoing challenge. Nationally, neurosciences rehabilitation was rarely seen as a commissioning group. Although funded only until March 2012, the Network hoped to continue to play its part during the transition period to keep neurosciences on the commissioning agenda. It was indicated that as outlined in the report submitted, the work was complex and impacted on the lives of many thousands of people yet the diseases were relatively rare and the needs of patients misunderstood.

The existence of excellent neuro-surgeons and significant advances being made in medical science was acknowledged resulting in a further need for enhanced rehabilitation services. In terms of availability of such services on a regional bases reference was made to difficulties in the south of the area given the demands placed on the Walkergate Park Centre in Newcastle upon Tyne. The Centre had a wide catchment area which included North Yorkshire. Walkergate Park provided high quality rehabilitation services for people with a disability caused by injury or disease affecting the brain, spinal cord or muscles. Specific reference was made to the benefits

of having a specialist social worker in neurosciences at Walkergate. It was hoped that this could be replicated in the south of the region. Members referred to the value of having a specialist social worker at James Cook University Hospital in spinal conditions. It was suggested that the investment in a specialist social worker in neurosciences could be more cost effective in terms of arranging the most appropriate discharge from hospital based on expert knowledge.

Reference was made to the Local Neuro Forums of NENN one of which covered the Tees Valley area and involved a number of interested parties such as service users, carers, commissioners, service providers, social services, independent sector and relevant third sector providers. Part of their key objectives was to inform the commissioning process for neurological services including tertiary, secondary and primary care health services and also to influence the commissioning of social care and other services to promote people's independence.

In terms of national organisations reference was made to the Map of Medicine which was working with healthcare communities to implement clinically-led service improvement programmes and reference made to work being undertaken locally on best practice and to develop more appropriate care local Map pathways. An indication was also given of bids to NHS Tees for other projects one of which was with a local authority looking to find ways of filling the gaps in service. It was acknowledged that the overall economic climate and increasing levels of unemployment in the area presented further difficulties in already challenging circumstances.

Local PCO commissioners and Network members viewed the continuation of the Neurosciences Network as a vital component in supporting clinical commissioning consortia to make the right decisions on commissioning the right care in the right place for people with a neurological condition. It was suggested that this needed to be achieved whilst ensuring that the new commissioners and the NHS Commissioning Board delivered the current requirements of the Government's health strategy in the White Paper Equity and Excellence: Liberating the NHS, the Operating Framework and the Quality Outcomes Framework.

The report outlined the recommendations made by NENN to NHS Directors of Commissioning to enable sustainability and delivery of the five year commissioning framework. Reference was made to other key issues which needed dedicated attention which included:-

- (a) supporting the trauma centre provision at South Tees Hospitals NHS Foundation Trust which was considered essential for good outcomes and having consistent high quality trauma services with a full range of specialist services on one site in the south of the area was regarded as being crucial;
- (b) develop evidence based cases of need to readjust and increase investment in both specialist and continuing neuro-rehabilitation;
- (c) reconsider the need for a specialist social worker in neurosciences as that in the spinal service;
- (d) in order to ensure the best outcomes for children who need neurosurgery, specialist surgeons and other clinicians had called for a review on the delivery of neurological services to children;
- (e) Health and Well Being Boards were high on the Network's agenda and there support was considered to be essential to ensure that neurosciences developments continued;
- (f) there was still a need locally for a multi-disciplinary approach to rehabilitation which included occupational advice and support;
- (g) there was a continuing difficulty in finding appropriate support for those with neurological condition and challenging behaviour.

Given the continuing advances in medical science resulting in increased survival rate of people with brain injuries together with other major factors such as financial constraints the need to work closely together and the role of Health and Well Being Boards in this regard was considered to be very important.

In terms of specific provision in Middlesbrough reference was made to a proposed development of a neurological rehabilitation centre in Teesside following the Healthcare provider operating Chase Park Rehabilitation Centre in Whickham.

During the ensuing deliberations reference was made to South Tees Hospitals NHS Foundation Trust and the potential impact of the Trust hosting the management of Community Services. Given the often complex discharge arrangements such a move was welcomed by NENN. Reference was made to the effectiveness of the Community Matrons although it was felt that there was scope for increased numbers in this regard.

The Panel considered a number of factors in relation to the current gaps in service provision for patients with neurological conditions:-

- the extent to which patients with challenging behaviour both in secondary and primary care were from out of the area because of a lack of appropriate provision elsewhere;
- conversely there were a number of patients who had to move out of the immediate area or had spent time in a specialist nursing home because facilities were not available for them to be placed more appropriately;
- whilst it was acknowledged that there were moves for a changing vision for people to receive support closer to home it was felt that there was much work still to be done in this regard;
- improve access to rehabilitation services including community neurology services to support self-help and independence at home with inter-agency support;
- need for a specialist social worker in neurosciences;
- as part of any promotion campaign to increase the uptake of cycling encourage people to wear appropriate protective head gear.

The Panel considered the following draft Terms of Reference for the scrutiny investigation:-

- (i) To gain a detailed understanding of what is meant by, and classifies as, neurological conditions.
- (ii) To establish the extent to which neurological conditions affect the population of Middlesbrough.
- (iii) To establish what services are available for neurological conditions in Middlesbrough, including the level of diagnostic and assessment support.
- (iv) To gather the views of interested parties on the current performance of neurological conditions in Middlesbrough and to ascertain how those services need to develop to meet future challenges.
- (v) To draw conclusions and make recommendations as the Panel views as appropriate, on the basis of the evidence received.

AGREED as follows:-

1. That Glenys Marriott be thanked for the detailed information provided which would be incorporated into the overall review.
2. That the terms of reference as outlined be approved subject to (iii) to be more explicit in terms of the gaps in current services.

HEALTH REFORMS IMPLEMENTATION UPDATE

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from Middlesbrough Council, NHS Tees and the Pathfinder Middlesbrough Clinical Commissioning Group to provide an update on progress made relating to the implementation of the Government's Health Reforms.

By way of introduction the report of the Scrutiny Support Officer outlined previous discussions by the Panel and information received.

The Council's Executive Director for Adult Social Care and Environment confirmed that the Executive had considered the creation of a Shadow Health and Wellbeing Board which recently had its initial meeting with the Council's Chief Executive as Chair during the interim period. It was acknowledged that it would take some time for the Health and Wellbeing Board to fully evolve to ensure the most appropriate governance arrangements and representation. Key areas to examine included the third sector and community representation to ensure that such views were expressed in a consistent way.

The Panel was advised that a Pathfinder Middlesbrough Clinical Commissioning Group had been formed which had six GPs, public health representation and support from PCT colleagues. The Group which was coterminous with local authorities currently met once a month.

It was considered that such arrangements were ahead in comparison with some other areas in the North East. It was noted however that the statutory responsibility still remained with the PCT until April 2012 when a Clinical Commissioning Group had to be established and operative from April 2013. Subject to the passing of the Health and Social Care Bill the Panel was advised of six tests which each Clinical Commissioning Groups would have to meet to the satisfaction of the NHS Commissioning Board before becoming a fully-fledged Commissioning Group.

Members were advised of emerging issues such as that of a continuing increase in emergency admissions to hospital. In general terms the Panel and representatives discussed aspects of emergency admissions which could be jointly tackled by the Health and Wellbeing Boards looking at issues of cost effectiveness, prevention measures and enablement. It was agreed that an important aspect was to identify patients most at risk at an earlier stage and an opportunity through community services to examine ways to prevent unnecessary admission to hospitals.

It was acknowledged that lessons had been learnt from practice based commissioning and that inevitably Clinical Commissioning Groups would build on the strengths from previous experience in this regard and potential to develop some of the initiatives started under such arrangements.

It was agreed that whilst there had been different direction or travel in the NHS especially over the last 12 months it was acknowledged that of overriding importance was to ensure quality of service and patient safety throughout any transitional period.

The Panel, local representatives together with Council Officers acknowledged the importance of working together as current links continued to be strengthened as the different roles developed.

AGREED as follows:-

1. That the information provided be noted.
2. That the Health Scrutiny Panel continues to receive quarterly updates on the progress made by the local health and social care economy in responding to the Government's Health Reforms.

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 26 July 2011.

NOTED