**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 12 October 2011.

**PRESENT:** Councillor Dryden (Chair); Councillors Harvey, Junier, Lancaster and P Purvis.

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

**** PRESENT BY INVITATION:** Boda Gallon, Chief Executive, Whickham Villa LLP

Cleveland Local Pharmaceutical Committee:
Greg Burke, Development Officer
Michael Maguire, Chairman.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Davison, Mawston and Mrs H Pearson.

**** 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 21 September 2011 were submitted and approved as a correct record.

**NEUROLOGICAL CONDITIONS – SOUTH TEES HOSPITALS NHS FOUNDATION TRUST**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce the Chief Executive of Whickham Villa LLP to address the Panel on their current approach to Neurological Services and opportunities for further development.

The Chair welcomed Boda Gallon, Chief Executive of Whickham Villa LLP who gave a presentation and referred to promotional material and relevant documents copies of which were circulated at the meeting.

An indication was given of the current services provided at the Chase Park Rehabilitation Centre on the edge of the Newcastle/Gateshead conurbation which provided 28 en-suite single bedrooms and two step through (independent) living apartments (for people aged 18 and over). The aim of the Centre was to empower people with disabilities to fulfil their potential by providing high quality, physical and social rehabilitation with holistic care to promote independence. One of the key concepts was to adopt a person centred approach where family and friends were an integral part of the team. It was stated that Chase Park also offered the seamless provision of its therapy services into the community to enable an individual's progress through the facility into the community on their pathway towards independent living with the continuity and confidence of services provided by the same.

It was reported that there was a high level of referrals for rehabilitation clients and details given of some of the reasons which differentiated the facility to that of care homes by providing a Consultant in Rehabilitation Medicine, Specialist Community Therapy Team, one to one Opportunities Team and Specialist Nursing Team. An important aspect of the Centre related to supporting rehabilitation through the environment by improving existing facilities such as the Healthclub which included a Hydrotherapy pool, Gym café as part of a Community Hub.

The Centre had been rated by the Care Quality Commission as Excellent (3 star) and in 2007 had received the Pinders/Caring Business award for Best New Specialist Care development. The Centre had also become only the third in the UK to be given Approved Provider status by the charity Headway-the brain injury association. Headway had stated that the Centre provided specific services meaning appropriate neuro-rehabilitation and continuing neurological

assessments with set goals with the aim of improving a person's quality of life, possibly leading to independent living.

The Centre provided a Step Forward and Step Up Rehabilitation which involved all input and interventions being focussed on planned discharge prior to admission and centred on clients individual life goals around enabling the individual to move forward in their lives towards providing as independent a living environment as possible and a sustainable high quality of life. The average stay for most patients was reported as 12 months.

Members were advised of the three pathways of care namely, the Immediate Needs pathway about reablement and to avoid inappropriate moves; the Rehabilitation pathway involving a holistic team but bespoke services to meet the individual's needs; and the Disability Management and Slow Stream Rehab pathway. Graphical information was provided which gave a snapshot to demonstrate the client demographics which showed a changing client group with over 70% active rehabilitation patients. In terms of diagnosis the majority of patients were associated with strokes or anoxic which related to a lack of oxygen. It was reported that Middlesbrough had a high percentage of patients with the latter cause further details on which including the prevalence and different types of courses would be made available to the Panel.

The average occupancy rate for the Centre was reported as 92% which fluctuated throughout the year with a comparatively high rate of admission and discharge. The funding of placements was largely from statutory services (NHS/Social Care) about 10%-12% (private and legal). The presentation gave a snapshot of the percentage of patients in terms of their residence prior to admission, average length of stay and geographical source of referral. Most referrals were from the local area of Gateshead (59%) and Northumberland with 11%. It was noted that there were no referrals from Middlesbrough and only 3% from Stockton.

Reference was made to the Outcomes and Impacts Review (Opportunities for Living 2010/2011) the aim of which was to provide commissioners with appropriate comprehensive information and to present the case for focussed rehabilitation suitable to the client's individual needs. Reference was also made to the work needed around family support and community groups. One of the key areas was around collaboration with professionals to ensure the sharing of appropriate information, networking and involving a changing culture of working together.

Graphical information was presented which demonstrated that the majority of patents moved to their own homes with various support packages.

The Panel was advised of the costing structure and an indication given of a range of case studies which illustrated the impact and return on investment represented by neurological rehabilitation. Such information demonstrated the in-depth case study the actual cost of care plus rehabilitation therapies and return to the community with consequent increase in independence and reduced care needs and costs. Information was provided around Short-Term Reablement Placements which bridged the gap between hospital and home, medically fit for discharge, additional resources required to return home, further Reablement/rehabilitation required, adaptations or new accommodation required, and short-term packages based on promoting independence and where appropriate offering targeted rehabilitation services to assist an individual to return to living at home.

In terms of the challenges in the current situation reference was made to:-

- Equity of Access with fragmented services across the North East but with pockets of excellence (Middlesbrough facilities in this regard were noted as being very limited with a high level of re-admitted patients—the development of community services was seen as a significant benefit in this regard);
- NHS changes and drivers resulting in uncertainty and loss of intelligence, reduced admissions, reduced length of stay, reduced re-admissions and a cultural shift which was considered to be a massive challenge;
- Macroeconomic;
- Housing in terms of a lack of transitional homes resulting in unnecessary admissions to Care Homes;
- Commissioning and whole life costs;

- Community Services and lack of priority and investment;
- Personalisation of customer vs consumer which represented a changing focus with an increased number of individuals paying for services they wanted.

An indication was given of the current situation with regard to the Quality Improvement Productivity and Prevention (QIPP) programme for which prevention was considered key to the agenda.
Reference was made to a range of opportunities in the current market which included North East Neurosciences Network, influencing the Clinical Commissioning Groups, Regional Specialised Commissioning and 'Blue Sky Thinking' and examining different methods.

The Panel's attention was drawn to the way ahead with specific reference being given to:-

(i) Equity of Access taking into account Regional Trauma Centre in Middlesbrough, Out of Area Placements Review, investment in Neuro-rehabilitation, Regional Specialised Commissioning Review.

(ii) Collaboration in terms of Joint Commissioning and Whole Life Cost, seamless Service Pathway and Whole Systems approach, link person (social work neuro specialist /3rd sector advocate), and neuro representation on the Local Health and Wellbeing Board.

(iii) Personalisation and who drives the market about raising expectations and Building Communities.

(iv) Community Investment involving self management, community multidisciplinary rehabilitation, Tele-Care and Assistive Technologies needed to be embraced, vocational and education support and housing.

The Panel was advised of the proposed Gateway Project at Middlehaven involving Step Forward Rehabilitation, Step Up Wellbeing Centre and Community /Resource Hub and Transitional Housing and Long Term Housing. In terms of collaboration the Project involved many organisations including the Council, South Tees Hospitals NHS Foundation Trust and Middlesbrough PCT.

The Project covered:

- Equity of Access for people in Teesside
- Outcomes and Impacts – the 'Win-Win'
- Regeneration and Investment in local services and local people.

It was confirmed that arrangements had been made for a Commissioning Event on 2 November 2011, a public and service user consultation event on 31 October 2011 at Middlesbrough College, planning submission in December 2011 and opening in summer 2013.

**AGREED** that the Chief Executive of Whickham Villa LLP be thanked for the information provided which would be incorporated into the overall review.

**CLEVELAND LOCAL PHARMACEUTICAL COMMITTEE – BRIEFING**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from the Cleveland Local Pharmaceutical Committee (LPC) to address the Panel about the current and future role of the LPC and the opportunities for the LPC to engage with health scrutiny. In order to assist deliberations the LPC had provided a briefing paper as shown in Appendix 1 of the report submitted. The Chair welcomed representatives of the LPC who amplified the key points outlined in the briefing paper.

The report stated that the LPC represented community pharmacy contractors in Teesside and although not a statutory body it was subject to Section 44 of the National Health Service Act 1977. Recognition of the LPC by the four Tees PCTs gave certain rights and responsibilities to LPCs including that of consultation where legislation provided that local representative committees should be consulted.

The LPC worked locally with PCTs and Strategic Health Authorities to influence policies and decisions and, with other healthcare professionals to help plan healthcare services. Recent examples of this were provided such as collaborative working with PCTs on the development and publication of the Pharmaceutical Needs Assessments and close working with the Local Medical Committee around the introduction of the New Medicine Service on 1 October 2011.

It was noted that the LPCs also discussed and negotiated pharmacy services, including new roles and additional local funding for the community pharmacy contractors they served. The LPC was currently promoting the introduction of Healthy Living Pharmacies across the Tees and had been encouraged by initial discussions with PCTs on such a project.

The Panel was advised that in addition to statutory rights and responsibilities LPCs had the more general role of promoting pharmacy to primary care organisations and others within their area.

It was confirmed that the LPC was currently developing its 'Strategy for Community Pharmacy – 2011-2014' a major component of which was the Action Plan which comprised five main strands of work of contractor support, communications (internal and external), relationship building, LPC Development, and geographic issues.

During initial discussions an indication was given of the steps which had been taken to heighten the role of the LPC and demonstrate the expanding role of pharmacists and the part they play in achieving better outcomes for patients and assist in tackling health inequalities. Further development of links and liaison with public health and other local health organisations was considered important given the impending NHS reforms and the role they would play in the commissioning of services in the future.

Reference was made to the implementation of Department of Health changes to the pharmacy contract with effect from 1 October 2011 one of which was the introduction of a New Medicine Service for people with long term conditions. Another part of the contract involved Medicine Use Reviews to help patients to manage their medicines more effectively.

An indication was given of research which had been undertaken which demonstrated measured outcomes such as that related to advice given to asthma patients in respect of the proper use of inhalers and other services such as blood pressure testing and levels of cholesterol. It was suggested that such tests were carried out in less formal settings as that of surgeries and assisted in identifying high risk patients in terms of likely conditions such as stroke and heart attacks.

The Panel's attention was drawn to the NHS reforms with particular regard to public health matters. Good partnership working and a co-ordinated approach were considered vital. The LPC representatives expressed a desire to be part of the Local Health Wellbeing Board in some capacity if not on the Board itself part of the associated Theme Groups.

It was considered that there was a need to raise awareness to the services of pharmacies and advice and assistance which they could provide with particular regard to cultural differences such as the taking of medicines amongst some ethnic minority groups in certain cases. The promotion of Healthy Living Pharmacies across the Tees was seen as one way of raising the profile of the LPC in this regard.

**AGREED** that the LPC representatives be thanked for the information provided and that they be invited to attend future meetings as and when considered appropriate.

**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 20 September 2011.

NOTED