

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 28 November 2011.

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

OFFICERS: J Bennington and J Ord.

**** PRESENT BY INVITATION:**

G Marriott, Chairman, North East Neurosciences Network
L Barber, Commissioning Manager, North East Specialised Commissioning Team
P Dixon, Deputy Director, North East Specialised Commissioning Team
Paul Whittingham, Commissioning Manager, NHS Tees

South Tees Hospitals NHS Trust:
S Geldart, Divisional Manager Neurosciences
Prof. P Kane, Chief of Service, Neurosciences
J Moulton, Director of Planning
G Young, Clinical Director Neurology

B Gallon, Chief Executive, Whickham Villa LLP.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Harvey and Mawston.

**** 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 November 2011 were submitted and approved as a correct record.

FUTURE OF NEUROLOGICAL SERVICES IN MIDDLESBROUGH

The Scrutiny Support Officer submitted a report the purpose of which was to introduce a number of senior representatives of various organisations to participate in a roundtable debate about the future of neurological services in Middlesbrough.

In order to assist deliberations the report outlined a number of themes which had been identified throughout the scrutiny investigation so far which focussed on:-

- extent of community based neuro-rehabilitation services in Middlesbrough;
- role of South Tees Hospitals NHS Foundation Trust relating to community services with particular regard to neurological services;
- access to neurological rehabilitative services based at Walkergate in Newcastle upon Tyne;
- a view which had been expressed that people with neurological conditions had been placed in appropriately without suitable support packages;
- ongoing discussions in the nature of neurological rehabilitation services currently provided at James Cook University Hospital.

As part of the initial deliberations Glenys Marriott, Chairman of North East Neurosciences Network (NENN) clarified comments previously made and confirmed that whilst current community rehabilitation services were not necessarily poor there were insufficient; comments about high re-admission rates to hospitals specifically referred to patients with epilepsy; and reference was made as to how to develop community services by making best use of existing buildings such as the new Redcar Primary Care Hospital.

In response to comments regarding admission rates the STHFT representatives confirmed that in comparison with national standards re-admission rates into JCUH and other areas was notably small but inevitably there were higher rates in respect of epilepsy given the nature of the condition. It was noted that other likely patients included those with motor-neurone disease who may need an episode of care in hospital. The representatives endorsed the comments made regarding community services in that the overall service was considered to be inconsistent and could be a factor in some re-admissions.

In terms of community services the view was expressed that it wasn't just about the physical facets of patients with long term conditions but there was a lack of support regarding other important aspects such as occupation advice to work and welfare advice. Once a patient had completed their acute rehabilitation programme there seemed to be a lack of lower level rehabilitation termed as 'maintenance' to keep a patient at a steady consistent level.

In relation to future provision reference was made to the proposed Gateway Project at Middlehaven which would involve a range of services not necessarily medical but providing a range of service about quality of life including Step Forward Rehabilitation, Step Up Wellbeing Centre and Community /Resource Hub and Transitional Housing and Long Term Housing. The Project involved many organisations including the Council, South Tees Hospitals NHS Foundation Trust, Middlesbrough PCT and third sector partners.

Although it was early days it was nevertheless considered beneficial for Community Services to be part of STHFT which would hopefully improve the flow of patients and provide better integration between hospital and community services. If there was a lack of appropriate social support it was felt that in certain cases that this could result in the unnecessary re-admission of patients into hospital. It was considered that although there had been some positive developments community rehabilitation services tended to be patchy and there was a need for a more integrated approach.

The Panel's attention was drawn to the need for further facilities to provide appropriate respite care with particular regard to patients with MS and specific reference was made to the scope of expanding the number of community beds at the new Redcar Primary Care Hospital which could assist in this regard. Such patients often needed a period of re-assessment of their condition. It was considered that there could be more efficient use made of community beds with more means of ensuring that patients were admitted to the most appropriate facility rather than it being based largely on availability. The STHFT representatives confirmed that the use of community beds was being examined as part of the bed utilisation review currently being undertaken. The NENN representative reiterated that an important aspect of the facilities at the new Redcar Primary Care Hospital was the Hydrotherapy pool.

Members referred to the role of GPs as the first step for patients to take prior to diagnosis. Although work was progressing for GPs to refer patients to the most appropriate specialism it was felt that there was still a lack of awareness and expertise in this regard. Specific reference was made to the benefits of utilising the Map of Medicine which provided a common framework for care settings and organisations for patient pathway.

A view was expressed that Neurological Services unlike other areas had not received comparable investment and had not received the same priority at a time when there were many patients with complex conditions. It was pointed out that GPs in Middlesbrough had expressed interest in joining the NENN and Forum and it was hoped that they would act as a conduit in this regard in terms of the new commissioning arrangements.

Members referred to the current arrangements for the discharge of patients from hospital. An indication was given of certain frustrations arising from delays in accessing appropriate community services. It was noted that problems had arisen whereby patients had been discharged with the belief that they didn't require rehabilitation and their condition had subsequently deteriorated resulting in a need to see a GP. It was considered that with a more integrated service measures would be in place to ensure the ongoing needs of such patients were met.

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 basis reference was made to difficulties in the south of the area given the demands placed on the Walkergate Park Centre in Newcastle upon Tyne. 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. 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 and providing advice and assistance.

Members referred to previous evidence provided to the Panel in particular a view expressed that a viable Department of Neurology was pivotal to JCUH functioning as a Major Trauma Centre. It was confirmed that neurorehabilitation at JCUH was currently not commissioned as a specialist service although it was providing services to Category A patients but was commissioned separately by local primary care organisations. Members were advised that the Trust was working in collaboration with commissioners to review the current commissioning arrangements with a view to developing consistent arrangements across the North East. As part of such ongoing discussions an emphasis had been placed on providing evidence on the level of service provided taking into account the percentage of Category A patients, length of stay in JCUH, staffing levels and number of referrals to Walkergate Park, Newcastle. It was also noted that the evidence of people opting out of a referral to Walkergate needed to be examined as part of the overall review.

Reference was made to the number of out of area placements with long term neurological conditions and challenging behaviour. It was noted that information had been sought from the PCT with regard to such numbers, the reasons for accessing services in this area and financial arrangements for care for such patients.

In considering possible conclusions for inclusion in the Panel's Final report Members agreed that they should be focussed on the following areas:-

- a) need for a more overall integrated service between organisations including acute, primary, community settings and involvement of local authority social care;
- b) lack of community rehabilitation services;
- c) although it was early days it was considered beneficial for Community Services to be part of STHFT which provided scope to offer and develop the most appropriate services;
- d) difficulties accessing rehabilitative services based at Walkergate, Newcastle;
- e) need for a specialist social worker in neurosciences to assist with discharge from hospitals arrangements and for the most appropriate social care packages to be in place;
- f) the role of the Joint Strategic Needs Assessment;
- g) utilising and making best use of the facilities provided at the new Redcar Primary Care Hospital.

AGREED as follows:-

1. That all the representatives be thanked for the information provided and contribution to the deliberations.
2. That consideration be given to the holding of a joint meeting of the Health Scrutiny Panel and the Social Care and Adult Services Scrutiny Panel to examine the issues around the suggestion of the need for a specialist social worker in neurosciences.
3. That a draft Final Report based on the evidence received so far including the issues outlined above be compiled and considered at the next of the Panel.

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 15 November 2011.

NOTED