

## **Health Scrutiny Panel Neurological Conditions**

### **Possible Conclusions**

1. On the basis of the evidence considered, it is clear that Middlesbrough does not have sufficient capacity to deal with the need for neuro-rehabilitation. The Panel has consistently heard that what is available is good, but it is not of sufficient capacity to meet the demand. Until this is addressed, it cannot be argued that Neurological patients in Middlesbrough have all the services they require. The Panel feels that there is a very strong argument for Neurological Rehabilitation services and intelligence around local need being included in the refresh of the Joint Strategic Needs Assessment.
2. On the basis of the evidence heard, there is a strong argument to suggest that the emerging Clinical Commissioning Group, together with the current PCT, should start to consider developing community based expertise in neurological conditions, and their rehabilitation. The Panel has heard this would be an important step as historically, neurological patients have been admitted into acute wards when it has not been necessary.
3. The Panel notes that the concern over the amount of community based rehabilitative services will be eased to some extent, if the Gateway project is delivered as envisaged. That project promises to be an important addition to what is already on offer in Middlesbrough.
4. The Panel has heard quite a lot of comment about the importance and potential impact that a specialist Neurological Services Social Worker could have. The Panel is mindful that it does not have sufficient expertise to make a judgement as to whether this should or should not be implemented, although it does feel that the idea is worthy of discussion, given the expertise of those who raised it in evidence.
5. The Panel has noted that there is an element of uncertainty, which needs to be resolved, around JCUH and its rehabilitation capacity. The uncertainty centres around whether JCUH provides a sufficient amount of level 1 rehabilitation, to be officially designated by Specialised Commissioners as a Level 1 facility. If JCUH obtained this classification it would probably mean that it would receive a greater level of funding and prestige, as well as the increase in staff resources that this funding would allow. The work to identify whether this designation should be made is currently ongoing and the outcome should be known soon.
6. The Panel has heard from a number of sources that patients based in Middlesbrough, and the surrounding areas, do not seem to have the same level of access to the specialist rehabilitation facility on Tyneside, as those patients based in the north of region. Whether this is solely

down to geography or not is not entirely clear, although it seems to be an issue that is widely accepted and requires attention.

7. The Panel feels that there should be ongoing support given, by the local statutory sector, to NENN. For a relatively little money, it seems to provide good value for commissioners as well as other interested parties. It is perhaps even more important that it continues to operate in a period of structural turbulence, so it could ensure a great deal of organisational/service expertise is not lost and passed onto new commissioners.

### **Possible Recommendations**

It is recommended that:

1. That the North East Specialised Commission Team and South Tees Hospitals NHS Foundation Trust expedite their work to ascertain whether JCUH provides sufficient level 1 rehabilitation work to be designated level 1 status. The Panel would like to hear the outcome of this work and the rationale behind a decision, as soon as possible after its completion.
2. Connected to the above work and whatever its outcome, action needs to be taken by commissioners to tackle the perceived inequality of access to specialist rehabilitative services for those in the south of the region. If it is perception and not reality, it should be rebutted with evidence. If, after investigation, a genuine inequality of access exists, action must be taken to ensure better access to such specialist support for those in the south of the region. The panel would like to know what that action will be.
3. That the NHS Tees leads a piece of work to ascertain the current capacity of neuro rehab services in Tees, against the current level of evidenced need. It should then develop a commissioning strategy to ensure that there is a plan to ensure service capacity for accessible neurological rehabilitation is more closely aligned to actual need.
4. That the local health and social care economy investigate whether a specialist neurological services based social worker would be worth introducing. The panel would like to know the outcome of that work.
5. That the next iteration of the Joint Strategic Needs Assessment has a section on Neurological Services and the services required, versus those currently provided. All of this should be presented against the backdrop of current and rigorous obtained intelligence about local prevalence on Neurological conditions.
6. That thought be given now as to how the NENN will be supported to operate at least until the NHS organisational transition as been fully implemented.