

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 5 January 2012.

PRESENT: Councillor Dryden (Chair); Councillors Cole, Junier, Lancaster, Mawston, Mrs H Pearson and Purvis.

OFFICERS: J Bennington and J Ord.

**** PRESENT BY INVITATION:** Councillor Brunton, Chair of Overview and Scrutiny Board
L Barber, Commissioning Manager, North East Specialised Commissioning Team
P Kane, Neurosciences, Chief of Service, South Tees Hospitals NHS Foundation Trust
A McDonald, Development Director, Whickham Villa LLP
G. Marriott, Chair, North East Neurosciences Network.

**** AN APOLOGY FOR ABSENCE** was submitted on behalf of 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 28 November 2011 were submitted and approved as a correct record.

NEUROLOGICAL SERVICES – DRAFT FINAL REPORT

The Panel considered a draft Final Report into Neurological Services a copy of which had previously been circulated to the Panel and representatives who had provided evidence on the review. It was confirmed that the report had subsequently been updated and factual corrections had been duly made.

Members and representatives agreed with the content of the draft Final Report and congratulated the Scrutiny Support Officer for the report which was considered to be a thorough and very good assessment of the evidence received.

The Panel together with representatives considered possible conclusions and recommendations which had been prepared in draft and circulated at the meeting on the following:-

Conclusions:

- (i) 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.
- (ii) On the basis of the evidence heard, there is a strong argument to suggest that the emerging Clinical Commissioning Group, together with the current Primary Care Trust, 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.
- (iii) 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.

- (iv) 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.
- (v) The Panel has noted that there is an element of uncertainty, which needs to be resolved, around James Cook University Hospital and its rehabilitation capacity. The uncertainty centres around whether James Cook University Hospital provides a sufficient amount of level 1 rehabilitation, to be officially designated by Specialised Commissioners as a Level 1 facility. If James Cook University Hospital 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.
- (vi) 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 specialised rehabilitation facility on Tyneside, as those patients based in the north of the 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.
- (vii) That Panel feels that there should be ongoing support given, by the local statutory sector, to North East Neurosciences Network. 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.

Recommendations:

- (i) That the North East Specialised Commission Team and South Tees Hospitals NHS Foundation Trust expedite their work to ascertain whether James Cook University Hospital provided 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.
- (ii) 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.
- (iii) That the NHS Tees leads a piece of work to ascertain the current capacity of neuro rehabilitation 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.
- (iv) 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.
- (v) 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.

- (vi) That thought be given now as to how the North East Neurosciences Network will be supported to operate at least until the NHS organisational transitional has been fully implemented.

In commenting on the potential benefits of the proposed Gateway Project at Middlehaven representatives and Members supported the view that it was important for this not to be seen as a stand alone scheme but as part of a partnership and integrated approach encompassing a full range of services both community and specialist needs.

It was suggested that in relation to the Gateway Project it would be useful for the Panel to receive a report on the extent to which the policy of developing a more integrated approach to delivering services with an increased emphasis on partnership working would be achieved in respect of the Project.

Members referred to previous evidence provided to the Panel in which the view had been stated that a viable Department of Neurology was pivotal to James Cook University Hospital functioning as a Major Trauma Centre. Confirmation was given of discussions with the South Tees Hospitals NHS Foundation Trust and agreement reached as to the information required by the North East Specialised Commission Team in order to consider if JCUH should be designated as a Level 1 neuro rehabilitation centre. As well as details of the level of service provided, level of complexities and percentage of Category A patients the overall examination would include the number of referrals and those opting out of a referral to Walkergate Park, Newcastle. It was acknowledged that there was much to be undertaken by the South Tees Hospitals NHS Foundation Trust to prove the case for JCUH to be categorised as a Level 1 rehabilitation provider and that as part of the overall review there was also a need to examine other specialised services and geographical issues to be taken into account.

The Panel referred to the evidence received which supported the categorisation of JCUH as Level 1 rehabilitation which it was felt would reinforce the designation of JCUH as a Major Trauma Centre and assist patients in the south of the region in accessing Level 1 rehabilitation facilities. It was agreed that the current work around such a designation should be completed as soon as possible and that this should be more explicitly stated in the respective conclusions and recommendations outlined in the draft Final Report.

Reference was made to information provided by the North East Neurosciences Network with particular regard to the funding arrangements which was available until March 2012. The Panel was advised that following discussions in December 2011 it had been agreed that NENN would receive a further year's funding to March 2013 which would assist the Network during a period of significant NHS organisational change.

In commenting on the work of NENN the Panel was keen to ascertain what measures would be pursued to ensure its long term sustainability and integration with other networks and commissioning groups. It was suggested that recommendation (vi) be strengthened by asking how the NENN would be supported in the future and not just until the current NHS organisational changes had been implemented.

The Panel was advised by the Chair of NENN of a recent case study which demonstrated the need for close liaison between local authorities and the local NHS with particular regard to the importance of having a specialist Neurological Services Social Worker. Other representatives agreed how effective a specialist social worker for neurological services could be as in the case of the specialist social worker in the Spinal Unit offering a key link between acute and community services.

AGREED as follows:-

1. That all representatives be thanked for their attendance and contribution to subsequent deliberations.
2. That the draft Final Report on Neurological Services and the conclusions and recommendations set out above be approved subject to the suggested amendments as outlined.

3. That in respect of the reported Case Study and on behalf of the Health Scrutiny Panel a letter be sent from the Chair and Vice-Chair to appropriate representatives with a view to gaining further information about what support similar patients may receive in the future and that the Panel be advised of the responses in due course.

HEALTH SCRUTINY WORK PROGRAMME

The Scrutiny Support Officer submitted a report regarding potential topics for future scrutiny investigation by the Panel.

Members were reminded of previous discussions regarding the possibility of the Panel undertaking a joint piece of work with the Social Care and Adult Services Scrutiny Panel examining the experiences of vulnerable older people in hospital and community care settings.

Another area for consideration related to National policy issues and how they were impacting on the Health and Social Care Economy in Middlesbrough and in particular the establishment and early operation of the Local Health and Wellbeing Boards and their relationship with the emerging Clinical Commissioning Group. Specific reference was made to the NHS Operating Framework for 2012/2013 and its impact upon the working of the local NHS.

How the local NHS was meeting its targets for financial efficiencies and impact on local services was also put forward as a suggested topic for examination.

Specific reference was made to changes to the current financial regime and the impact on joint community health projects such as the smoking cessation programme.

AGREED as follows:-

1. That the Panel undertakes a joint piece of work with the Social Care and Adult Services Scrutiny Panel regarding the experiences of vulnerable older people in hospital and community care settings.
2. That the Panel continues to receive updates regarding the implications of changes on the Health and Social Care Economy in Middlesbrough arising from National policy issues.
3. That further details be provided on the impact of changes to the financial regime in respect of joint community health projects.

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 13 December 2011.

The Panel's attention was drawn to the report which had been considered on the findings of a recent High Court ruling in respect of proposed Adult Social Care budget cuts by the Isle of Wight Council and in particular the potential implications of such a case for future proposals for Social Care provision in Middlesbrough. It was agreed that the situation should continue to be monitored in the light of such a case and future budget cuts.

NOTED