

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 14 August 2013.

PRESENT: Councillor Dryden (Chair), Councillors Biswas, Cole, Junier, S Khan, McPartland and P Purvis.

ALSO IN ATTENDANCE: Professor P Kane, Chief of Service, Neurosciences, South Tees Hospitals NHS Foundation Trust
C Woodgate, Divisional Manager, South Tees Hospitals NHS Foundation Trust
S Poskitt, Senior Nurse, Neurosciences, South Tees Hospitals NHS Foundation Trust
B Gallon, Chief Executive, Keiro Group
J Stevens, Commissioning Manager, South Tees Clinical Commissioning Group
Dr H Waters, Chair, South Tees Clinical Commissioning Group
L Jordan, Local Service Specialist, Specialist Commissioning, NHS England.

OFFICERS: J Bennington and E Pout.

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

DECLARATIONS OF INTERESTS

There were no declarations of interest at this point of the meeting.

MINUTES - HEALTH SCRUTINY PANEL 16 AND 25 JULY 2013

The minutes of the meetings of the Health Scrutiny Panel held on 16 and 25 July 2013 were submitted and approved as a correct record.

NEUROLOGICAL SERVICES - UPDATE REPORT

The Scrutiny Support Officer submitted a report the purpose of which was to introduce a number of senior representatives of local health representatives to provide an update on Neurological Services.

Members were reminded of the Panel's findings in respect of their investigation into Neurological Services with particular regard to the conclusions and recommendations as outlined in the Final Report and shown in Appendices 1 and 2 of the report submitted.

As indicated in the report submitted and based on the Panel's recommendations Members sought clarification on a number of areas focussing on aspects of rehabilitation in particular:-

- if there had been a review of the activity and level of rehabilitation needs of the patients on the neuro rehabilitation ward;
- have the population needs for specialised neuro-rehab facilities been assessed;
- if existing capacity met the current level of evidenced need;
- post reorganisation, what were the specialist commissioner views on current and future levels of service and how would services be developed;
- what was seen as the remaining challenges.

From the perspective of the Keiro Project it was acknowledged that there was significant ongoing work across health and social care organisations and that one of the main challenges had been the wide ranging Health Reforms. In terms of current engagement specific reference was made to recent positive discussions with senior executives at South Tees Hospitals NHS Foundation Trust (STHFT) and with Social Care representatives. The overall aim was to work in a more integrated and collaborative way to address identified gaps within services and adopt a whole system approach in order to secure a better outcome for patients in very difficult financial circumstances.

Representatives of STHFT confirmed that significant progress had been made and referred to

new investment and plans to meet UK ROC (Rehabilitation Outcomes Collaborative) a Department of Health NIHR Programme Grant to develop a national database for collating case episodes for inpatient rehabilitation. A Business Case had been compiled for further support which included the recruitment of a full time consultant which would enable the Trust to increase its designation to a Level 2A facility to be in place by end of September and thus receive a certain percentage of specialised commissioning. The intention to pursue specialist commissioning (50% or more) assistance in this regard was noted. Reference was made to ongoing work with regard to ensuring that appropriate continued support was provided in the community for patients with long term conditions. It was acknowledged that this was an area for improvement.

The Panel was advised that NHS England was responsible for specialised commissioning involving a small percentage of patients with very complex and/or rare conditions. Reference was made to a recent health needs assessment which had been undertaken which provided further clarity around the commissioning responsibilities of NHS England and CCGs. Such data would also be submitted to UK ROC. It was also noted that a national mandatory tariff was to be introduced in 2014 which depending on the level of nursing and consultancy would be funded via NHS England or Clinical Commissioning Groups (CCG). The establishment of a regional network for neuro-rehabilitation was being pursued with the emphasis on working collaboratively to ensure that the most appropriate facility was provided for patients based on geographical and/or level of need. It was noted that further clarification was awaited regarding the remit of such a network. The emphasis was on where a patient was best placed and establishing excellent pathways.

Representatives discussed anecdotal evidence regarding the number of patients opting out of the facility at Walkergate Park Centre in Newcastle upon Tyne. It was indicated that this was largely because a more locally based facility was preferred or there was an accurate waiting list precise details of which were not available. The centralised expertise available at the facility at Walkergate Park for patients with very complex needs was acknowledged although the emphasis was to move patients on when appropriate to free up beds and enable patients to be treated at a local level. This was acknowledged as a positive step forward.

The Chair of the South Tees CCG reaffirmed that the commissioning intentions would be informed by the Joint Strategic Needs Assessment and as part of the overall engagement there were regular discussions with local health and specialist commissioning representatives. The CCG was made up of 49 GP practices and currently had five workstreams which informed the CCG Executive on commissioning intentions. Although work was progressing on the Transforming Community Services Programme such as the IMProVE programme it was recognised that there was potential for greater improvement with regard to community services to ensure that the most appropriate treatment and/or support is provided to patients in the right setting.

Members sought clarification regarding a waiting list for Walkergate Park Centre. In response it was reported that one of the recommendations of the Health Needs Assessment by NHS England had been for the Centre to provide a more detailed breakdown of information in this regard. Although it was indicated that there was not usually a wait longer than six weeks it was acknowledged that such a period should be kept to a minimum to ensure that delays were not detrimental to certain complex conditions. The STHFT representatives pointed out however, that during such a time patients would receive Level 1 neuro rehabilitation at JCUH.

Following Members' questions regarding the Panel's recommendation for a section specific to Neurological Services within the JSNA it was confirmed that such a document was currently being reviewed and considered by the Health and Wellbeing Board. It was pointed out that whilst information on neurological conditions would be provided in other sections it was felt unlikely that it would have a separate section and that there were difficulties in striking a balance on the extent of detailed information provided in the JSNA.

In considering the information provided, the Panel:-

(a) Noted the acknowledgement by the local health representatives that the Panel's Final Report had raised the profile on the topic and focussed subsequent discussions on

addressing the areas identified.

(b) Acknowledged the progress made and improved collaboration between providers.

(c) Noted further enhancement of up skilling staff and recruitment of a consultant and therapy staff by September 2013 to provide a high quality service at local level but recognised that for those cases where the required expertise was needed patients would be referred to Walkergate Park Centre.

(d) Noted the ongoing work regarding the establishment of a network and additional work on pathways.

(e) Acknowledged the future challenges in relation to the need to enhance outreach work and provide a more integrated approach to providing a better service to local and wider population focussing on improved hospital to home support.

The Panel agreed that it would be beneficial to have an update when further information could be provided on such areas as the impact of the new mandatory tariff, additional resources and outcome of CCG work.

AGREED as follows:-

1. That the representatives be thanked for the information provided which was noted.
2. That a further update be provided in 12 months time.

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 23 July 2013.

NOTED

ANY OTHER BUSINESS - WINTER PRESSURES FINAL REPORT

The Chair referred to a meeting of the Executive held on 16 July 2013 when it had been agreed that the Health Scrutiny Panel give further consideration to matters raised with regard to the Winter Pressures Final Report.

AGREED that following consultation with the Chair and Vice-Chair a draft report concerning the matters raised be circulated to the remaining Members of the Health Scrutiny Panel for comment with the aim of the report being considered by the Overview and Scrutiny Board at its meeting to be held on 20 August 2013.