HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 24 February 2015.

PRESENT:	Councillor E Dryden (Chair), Councillors S Biswas, L Junier and M Thompson
PRESENT BY INVITATION:	Councillor N Walker, Chair of Overview and Scrutiny Board
ALSO IN ATTENDANCE:	C Braid, Network Delivery Lead, Northern England Strategic Clinical Networks P Dixon, Specialist Commissioning, NHS England S Elliott, Specialist Commissioning, NHS England B Gallon, Chief Executive, Keiro Group Professor P Kane, South Tees Hospitals NHS Foundation Trust J Rock, Matrix Neurological L Tulloch, Directorate Manager, Neurosciences, South Tees Hospitals NHS Foundation Trust P Whittingham, North East Commissioning Support Unit
OFFICERS:	P Duffy and E Pout

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors J G Cole, D Davison, B A Hubbard, N Hussain and Mrs H Pearson, OBE.

DECLARATIONS OF INTERESTS

There were no declarations at this point in the meeting.

1 MINUTES - HEALTH SCRUTINY PANEL - 2 FEBRUARY 2015

The Minutes of the meeting of the Health Scrutiny Panel held on 2 February 2015 were submitted and approved as a correct record.

2 NEUROLOGICAL SERVICES – AN UPDATE

The Scrutiny Support Officer presented a report which outlined the purpose of the meeting and the background, from when the Panel had initially reviewed this issue in January 2012. The review concluded that James Cook University Hospital (JCUH) was very good at dealing with people who had a minor neurological injury or illness, but there had been some concern around rehabilitation services and whether there were adequate facilities in Middlesbrough to deal with the level of demand.

Appended to the Scrutiny Support Officer's report were a general update on the recommendations from the previous review and a publication from the Neurological Alliance – "The Invisible Patients. Revealing the state of neurology services" – which outlined that, nationally, neurology is still under resourced and under prioritised, with variations in quality.

The Chair was keen to establish whether things had improved.

Boda Gallon, Chief Executive of the Keiro Group, felt that the situation had got better. Co-ordination between services had improved. Referral to a care home had been the default position for people with certain types of neurological injuries. His organisation was now working innovatively with a range of service providers to enable other solutions. This, in turn, created greater capacity for JCUH to concentrate on specialist acute services.

He referred to a pilot rehabilitation scheme for vascular amputees to be provided at JCUH which was expected to commence in March 2015. This would help deliver rehabilitation in a different way within a specialist environment.

The view of Professor Kane, from South Tees NHS Foundation Trust, was that things were improving, but the significant reorganisation that had taken place within the NHS could not be underestimated. There were, however, more people on the ground now and a new Consultant in Spinal Rehabilitation. Also, the Trust would be appointing a Consultant for Trauma/Neurological Rehabilitation.

Rehabilitation has had more of a push recently. The Trust was commissioning a workstream to look at enabling a more integrated service.

Major trauma centres provide services under one roof. According to population numbers, the area should have one such centre but, because of the conurbations, there are two - one on Tyneside and one on Teesside.

Lucy Tulloch, Directorate Manager for Neurosciences at South Tees NHS Foundation Trust, advised that £1 million had been invested in neurological services to improve the ward environment and therapy services, to create the best pathways possible. Therapy Teams now provide a more seamless service with less handovers.

Claire Braid, Network Delivery Lead, Northern England Strategic Clinical Networks, said that they were looking at developing rehabilitation services for a range of conditions. She could not comment on whether the situation had improved, as she had not been in post long.

Peter Dixon and Sarah Elliott, Specialist Commissioning, NHS England, also felt that the position had improved. For instance, people were now being treated at home and services were now more integrated.

The Health Needs Analysis was looking at services across the North East and Lisa Jordan, Local Service Specialist, Specialist Commissioning, was looking at demand across the patch. This had included examining the flow of patients from Teesside to Walkergate Park and in reverse. Walkergate Park was a Centre for Neuro-rehabilitation and Neuro-psychiatry and part of the Northumberland, Tyne & Wear NHS Foundation Trust. The Centre provided rehabilitation services. The study had found that patient flow was a problem. It could be difficult discharging patients with neurological conditions into appropriate accommodation, so they tended to stay longer than they needed to.

It had been hoped that rehabilitation would be seen as a specialist service in South Tees, but commissioners had determined that Walkergate Park was the commissioned provision for the area.

Mr Dixon advised that, according to UK Rock, the only Level 1 commissioned service currently was Walkergate Park.

Whilst the position had improved, from a specialist commissioning perspective, South Tees NHS Foundation Trust remained as a Level 2b facility, which meant the specialist commissioning team were unable to commission their services.

Mr Gallon commented that Northumberland, Tyne & Wear NHS Foundation Trust was aware of the problems in throughput. Keiro's service in Gateshead was working in Walkergate Park. The question was: How could we create a pathway back to Teesside from there? To achieve this, capacity needed to be created to complement other services, so as to enable discharge via housing; community support and acute services. The key was to give people confidence that they would be supported with advice/signposting/accommodation, etc.

Commissioning itself could be a barrier – professionals needed to strive to make it more responsive and integrated.

Jan Rock, founder of Matrix Neurological, informed the Panel that her son had sustained serious injuries and had spent time in paediatric intensive care. The prognosis had not

been good, but she put together a rehabilitation plan, based on work developed by a Doctor in the US Army, who had worked intensively with soldiers that had sustained neurological injuries. As a result, her son had made a great recovery and had returned to college within 8 months.

However, she had had to battle the system to get to this point. Matrix Neurological, a Charity, was formed to drive change around neurological rehabilitation for children. They would employ Care Managers to deal with system issues on behalf of families, enabling families' time to spend with their children. The service would be provided in people's homes.

The ambition would be to get support to children much sooner. The Charity aimed to become part of the discharge planning process and would look holistically at the needs of the child.

Ms Tulloch commented that the issue of specialist community-based rehabilitation is a national issue. She would need to liaise with colleagues in the Trust as to the scale of the problem locally. There was a gap in provision, as South Tees NHS Foundation Trust was not commissioned to provide paediatric care.

The general consensus was that this service was something that could be commissioned. However, further work would be required to cost it – including likely numbers.

Mr. Dixon and Professor Kane commented that caution was required on the level of savings that might accrue. For example, there would not be savings on freeing up beds, as there would still be patients to fill those beds.

In response to a question from a Member about the gap in provision, Mrs. Rock said her experience was that the NHS priority was for people to be able to wash, dress and feed themselves. Whilst this was appropriate for someone with, say, a broken bone, it was not when dealing with cognitive issues.

Professor Kane cautioned that a service that is best for children might need to be centralised in 4/5 centres across the UK. Mrs. Rock felt that it had to be better for a child to rehabilitate at home, rather than in a false environment. Adult models seemed to have been adapted for children. A problem-solving approach was required.

The Chair concluded that there was a general consensus for commissioning a service such as that provided by Matrix Neurological, as there was a gap in provision for children with neurological injuries/illness. Given this, the Chair sought the views of the meeting on how this issue could be moved further up the priority list for the CCG.

A number of professionals felt that it should to be recognised that the CCG had many competing demands and all of these demands felt that they should be a priority.

Professor Kane and Ms Tulloch commented that CCGs were still relatively new. Progress had been made, but it took time for new organisations to bed down. It was their view that Neurological rehabilitation was not necessarily high on the CCGs list of priorities.

Paul Whittingham, from the North East Commissioning Support Unit, stressed the need to look at the cases of individuals from the South Tees area in Walkergate Park, who are ready for discharge, to ascertain what were the clinical the reasons preventing this.

It was suggested that the following questions be put to South Tees CCG:-

- How does the CCG approach commissioning specialist support services for children and adults?

- How are the CCG gearing up to take on the mandate of being responsible for commissioning rehabilitation and neurological conditions?

- With regard to the delays in people being discharged from Walkergate Park, what are the clinical reasons for this and what role does the CCG play in facilitating discharge?

- Is it an issue that there was no financial incentive to discharge, as the receiving authority become responsible for the patient and, if so, what could be done to overcome this?

- What does the CCG see as the role of GPs in terms of, for instance, co-ordinating rehabilitation from acquired brain injuries and how will they facilitate this role?

- How does the CCG intend to respond to the specific recommendations for CCGs in "The Invisible Patients. Revealing the state of neurology services" – the report produced by the Neurological Alliance.

The Chair concluded that there had been good progress, but a number of practical issues needed to be addressed. He would say this in the letter to the CCG.

All attendees indicated that, subject to other commitments, they would like to attend the meeting of the Panel at which the discussion with the CCG takes place.

AGREED:

a) That the Chair, in liaison with the Scrutiny Support Officer, write to the CCG seeking its response to the points bulleted above and any other matters he considers it relevant to include.

b) That the CCG be invited to a future meeting of the Panel to discuss these issues further and that a special meeting be held for this purpose, if necessary.

3 **OVERVIEW AND SCRUTINY BOARD UPDATE**

The Panel considered a report by the Scrutiny Support Officer which updated them on what had taken place at recent meetings of the Overview and Scrutiny Board.

NOTED.

4. **URGENT ITEM – WINTER PRESSURES ON THE HEALTH SERVICE**

The Scrutiny Support Officer reported that following the meeting that had considered the pressures placed upon South Tees NHS Foundation Trust this winter, she had contacted North Yorkshire County Council and Hambleton, Richmondshire and Whitby CCG about Delayed Transfers of Care involving patients in JCUH from North Yorkshire. She had circulated a copy of their response to Members.

AGREED that the views of Craig Blair, Associate Director of Commissioning, Delivery and Operations at South Tees CCG, be sought on the joint response received from North Yorkshire County Council and Hambleton, Richmondshire and Whitby CCG.