

Northern Acquired Brain Injury Forum (NABIF)

Minutes of the Meeting at North Tees Strategic Health Authority, Riverside House, Newcastle Upon Tyne on Friday 2nd March 2007

In Attendance

Professor Michael Barnes (Chairman), Alister Berry, John Soulsby, Deborah Edwards, Boda Gallon, Vicki Gillman, Simon Easton, Anne Hunter, Julie Roberts, John Walker, Helen Hastie, Paul Brown, Philip Hazelhurst, Ben Townsend, Alastair White, Steven McAleese, Ron Payne, Des O'Meara, Christine Savage, Jim Weir.

1. Apologies for Absence

Steven Angus, Alex Goody, Simon Garlick, Janice Thompson, Helen Atkin, Lisa Turan, Phillipa Griffiths, Patti Simonson, Alastair McDonald, James Cox, Helen Spellman, Neil Brownlee, Heather Beatey, Mark Tempust, Andrew McDonald, Amjed Malik.

2. Minutes of the last Meeting

Minutes approved.

Matters Arising

Website: The website will shortly be up and running. More information is needed. Initial thoughts are:

- a. Database of services: To be based upon the database that Fran Mayes has prepared previously, but this will need updating. An e-mail will be sent out inviting people to provide their details for the website database.
- b. Links: Suggestions are invited regarding organisations with whom we should have website links.

There was discussion about any “vetting” to be carried out of people/organisations to go on the database or with whom we have website links. However, it was decided that one purpose of the website was to provide information about services and to facilitate people doing this. There should be no vetting, but the website should carry a disclaimer that we are not endorsing or recommending anybody in providing the information/link.

Neurological Alliance

Des O'Meara reporting that there was a forthcoming meeting of the Neurological Alliance to discuss NSF quality standards, which he and others present at the meeting would attend.

UKABIF

Nothing to report following the meeting in London.

3. Feedback from the Training Day 29.01.2007

Over 100 people were invited to the training day. 71 attended. 26 evaluation forms were received of which 25 were positive but 1 was negative.

The general feedback was that people found the information provided useful, liked the range of topics covered, felt it relevant to their work, and welcomed the opportunity for networking.

Thanks extended to John Walker and Helen Hastie for their hard work in organising the training day and evaluating the feedback.

4. Future Training Days

It was agreed we should undertake future training days. The consensus was that it would be useful to deal with a particular topic in more breadth and depth.

One suggestion was to take as a topic the clinical pathway, from the acute stage to rehabilitation. This would, to an extent, fit in well with the service mapping exercise.

Further discussion about this is required. John Walker and Helen Hastie agreed to send out a questionnaire by e-mail on the proposed topics and format for the next training day.

Des O'Meara indicated that he was working with an organisation that were prepared to provide sponsorship for future training days. They have made a similar offer to KABIF and SABIF. It was decided to consider the offer once a decision had been made about the format and subject of the next training day.

5. Presentation by Debbie Edwards of North East Strategic Health Authority

Debbie Edwards is Portfolio Manager in the North East Strategic Health Authority. She has been with the SHA for four years, joining with the merger with County Durham and Tees Valley. Her background is as a Neurosurgical Nurse and she has previously been involved in the Teesside Headway Team.

The SHA is still putting structures in place following the merger in Summer 2005 which reduced the number of Health Authorities from 28 to 10, and PCT's from 300 to 100.

Attached is a copy of the presentation, which focuses on the role of the SHA and the commissioning process.

In fulfilling its role in strategic leadership (providing and implementing the vision for Regional Health Services) the SHA is developing strategic partnerships working towards a "*whole economy*", of which health forms a part. The SHA has a role in implementation of National policies, such as Connection for Health (the IT Network) and feeding into the Department of Health's policy development.

It is one of the SHA's functions to hold PCT's to account for their performance. The SHA in turn is held to account by the Department of Health for ensuring the local health systems operate effectively and in line with Government Policy.

The SHA is responsible for organisation and work force development, which includes:

- Organisation of the PCT's;
- Assessing the PCT's for their fitness for purpose;
- Organisation of the GP's service;
- Use of the independent sector in providing choice for patients and reducing waiting times;
- Allowing independent providers of primary care (e.g. at GP level);
- Using the voluntary sector, recognising their role and contribution and developing services (e.g. with the Social Enterprise initiatives).

In contrast to the role of the SHA the functions of the PCT's are to engage with the local population to improve health and wellbeing; to commission services; within budget; to provide "*best value*" services.

Commissioning services is the responsibility of the PCT. Budget setting is done with the SHA.

Part of the problem for PCT's is that as well as commissioning services they are also direct providers of services. This can create a conflict of interest. It is acknowledged that one of the failures of the system is the lack of development of services by the PCT's and the lack of investment in community services.

There was considerable discussion around the commissioning of services by PCT's.

Simon Easton asked about who could commission/purchase a service from the independent sector. At an individual level, a family or injured person could identify services in the independent sector that would best fulfil their needs, but how could they secure funding. Debbie explained that the current structures are set up so that GPs and PCTs will commission services for the needs of their population – some of those services will be very local and in conjunction with other sectors be those public, voluntary or the independent sector. Some services need to be commissioned on a wider scale because they are specialist and are only provided through the larger centres. Whatever services are commissioned they are done so following a needs assessment to ensure the right services are being commissioned

There was considerable discussion about continuing care funding and the fact that it fails to recognise rehabilitation, nor does it recognise cognitive rather than physical problems. This is because the care assessments are “nurse led” and focus on physical needs. Further, neither the NHS nor Social Services commissioners accept responsibility for provision of rehabilitation in the community.

Social Services and the NHS commissioners frequently dispute responsibility for the provision of continuing care. It was suggested that guidance should be given by the SHA, particularly with regard to the needs of people with brain injuries.

Debbie Edwards indicated the medium to long term hope is for an integrated service (such as through a community provided services and the future community foundation trusts), with integrated care and Social Services. However, this is very much in the early stages and may require a further reorganisation of the NHS and Social Services structures before it can come about. The problem is recognised, but as yet there is no solution.

Many at the meeting felt that a large part of the problem was the failure by the Commissioners to engage with those providing the services (both in the public and independent sector) and their failure to understand the range of services available. Debbie was asked whether the SHA could apply pressure to the Commissioners so that they would engage with the service providers and educate themselves.

Debbie indicating that the SHA do not commission services and could only bring pressure to bear through the PCT's as part of their function in holding the PCT's to account for the services they provide. She indicated that there is a commissioning review in place, and there is a national review of specialist commissioning being undertaken (see DOH website).

In terms of the role of NABIF, Debbie indicating that we could make representations to the SHA, and she encouraged us to do so as the SHA are keen to work in partnership with organisations such as NABIF. However, the SHA does not make commissioning decisions. They can, however, hold the

commissioners to account if they fail to educate themselves and seek out the views of organisations like NABIF.

8. Regional Service Mapping Project Update

The aims of the service mapping project are:

- To produce a directory of services for children and adults with acquired brain injury for use by professionals, users and carers.
- To identify areas of good practice and service gaps.
- To make a directory of services available to the public.

The plan is to obtain information on current service provision by the use of questionnaires and public meetings. The aim will be to disseminate the questionnaires and information about the meetings using the NABIF network, but the service mapping team will be looking for volunteers (probably two – four in each region/county) to co-ordinate the dissemination of information, help organise the public meetings and help in the collection of information.

Currently the team are liaising with other organisations (such as SABIF and KABIF) who have carried out similar exercises before, to help in the design of the questionnaire and development of the information gathering process.

9. Presentations

Boda Gallon: Wickham Villa/Chase Park:

Chase Park is a 30 bedroom residential unit providing slow stream rehabilitation and specialist nursing.

It has recently restructured with a new management team and has re-registered for all adults 18 years plus (to include those over 64 years).

Facilities include two apartments for independent living and a new health club with neuro-disability at the forefront of design, providing accessible facilities, a café, gym, swimming pool, spa and therapy room (with fifth element providing holistic treatments).

There is a team of 19 therapists available through Neural Pathways and it should be possible to provide a seamless transfer from the acute stage back into the community using the same therapists.

The health club will not be restricted to residents, but membership will be open to the community in due course with no age barriers.

For further information contact Boda Gallon at, - 8 Millfield Road, Whickham, NE16 4QA, or via bgallon@whickhamvilla.co.uk or telephone on 0191 4887351.

Vicki Gillman, Neural Pathways:

Neural Pathways now have a team of 19 therapists offering “*joined up*” community based rehabilitation services for people with acquired brain injury and complex neuro-disabilities.

There are no age boundaries, and Neural Pathways have achieved success in obtaining commissioning on an individual basis for clients, particularly in complicated cases.

In a medico-legal context Neural Pathways have successfully devised packages that supplement the services available through the statutory sector.

Neural Pathways will provide a care plan identifying the services that they can offer and the aims of those services. Regular reports are provided identifying where aims have been met, or, if they have not been met, the reasons why.

The team consists of:

Occupational Therapists.
Physiotherapists.
Speech and Language Therapists.
Clinical Neurologists.
Experienced Therapy Assistants.

For further information contact Neural Pathways at Design Works, William Street, Felling, NE10 0JP, telephone 0191 423 6240. Info at neural-pathways.co.uk.

10. Any Other Business

None.

11. Next Meeting

The next meeting will take place on Tuesday 5th June 2007 at 7pm at Walkergate Park.