

**HEALTH SCRUTINY PANEL**

**16 SEPTEMBER 2010**

**END OF LIFE CARE – COLLECTION OF EVIDENCE**

**PURPOSE OF THE REPORT**

1. To introduce representation from South Tees Hospitals NHS Foundation Trust, Middlesbrough and Redcar & Cleveland Community Services (MRCCS), Teesside Hospice Care Foundation and Butterwick Hospice. All are in attendance to provide evidence to the Panel, regarding the End of Life Care review.

**RECOMMENDATIONS**

2. That the Panel notes the information presented to the Panel and incorporates it into the overall review into End of Life Care.
3. That the Panel considers the next steps it would like to take to advance its consideration of End of Life Care.

**CONSIDERATION OF REPORT**

4. The Panel will recall that at previous meetings, the Panel has received evidence from the regional clinical lead for End of Life Care and NHS Middlesbrough. The meeting today provides the Panel with an opportunity to hear from a range of organisations, with a key role to play in the provision of EOLC. Details of the organisations attending the meeting today, are outlined below.

**South Tees Hospitals NHS Foundation Trust**

5. The South Tees Trust manages the James Cook University Hospital in Middlesbrough. As the town's hospital, it has a significant involvement in the delivery of End of Life Care and providing services to those at the end of their life. As such, senior representatives from the Trust, including a practising End of Life Care Consultant, will be in attendance today to provide evidence to the Panel and answer any questions. The South Tees representatives have

supplied a paper for the Panel's consideration, which is attached as Appendix 1. In addition to any general comments that the Trust considers important to make, the Trust was asked to consider and address some questions in its paper. Those questions are outlined below. The Panel will see that the Trust has outlined its views on those questions in the submitted paper at Appendix 1.

- *Does the South Tees Trust have a policy or strategy as to how EOLC is delivered at JCUH?*
- *The Panel has heard elsewhere that a significant number of people die in an acute hospital unnecessarily. Is this a view that the Trust shares and if so, what should the local health & social care economy, including the Trust, do about it?*
- *What role should an Acute Trust, and particularly a busy Acute Hospital, play in the provision of EOLC?*
- *How does the Trust feel that Middlesbrough, as a health and social care system, deals with those at the end of their life and their care?*
- *Is the Trust confident that frontline staff have sufficient training to deal with people at the end of their life?*
- *Does the Trust feel that EOLC in Middlesbrough is sufficiently '24 hour'?*
- *Is the Trust confident that its patients who are approaching the end of life, and their carers, are engaged early enough, where clinically possible, to allow people to exercise choice over their end of life care?*
- *Is the Trust satisfied with the role that it plays relating to EOLC in Middlesbrough?*
- *Where next for EOLC in Middlesbrough? Where does it need to develop?*

### **Middlesbrough and Redcar & Cleveland Community Services**

6. MRCCS is a provider of community services across Middlesbrough and Redcar & Cleveland and has a key role to play in the provision of End of Life Care services for people receiving care in the community. It is on this basis that MRCCS has been invited to provide its general perspective on EOLC and provide answers on the questions outline below. MRCCS has provided a paper, which is at Appendix 2.
  - *In the view of MRCCS, to what extent are local services integrated, when people are facing the end of life? Is there an end of life pathway? (as quoted in the 2009 Middlesbrough JSNA)*
  - *What are MRCCS' views on the role played by nursing homes in people's experience of EOLC?*

- *The Panel has already heard that too many people die in hospital unnecessarily, which is expensive and usually not people's preferred place to die. What can MRCCS do about this? What is it doing about this?*
- *According to research done for the 'A Good Death', around 60% of people want to die at home, whereas around 21% do. In the view of MRCCS, is there sufficient capacity in Community Services to allow more people their wish to die at home?*
- *Does MRCCS feel that services for EOLC are sufficiently '24 hour' to meet local need?*
- *Is MRCCS satisfied that frontline staff, are sufficiently trained to deal with the issues connected to EOLC?*
- *Connected to questions above, does MRCCS feel it is appropriately commissioned to provide effective community services to deliver high quality EOLC, reflective of local need?*
- *Where does EOLC in Middlesbrough need to develop? What is good about EOLC in Middlesbrough now?*
- *Does MRCCS feel that EOLC is of an equal standard irrespective of what terminal condition someone has, or are there differences in the patient experience depending upon the condition the person has?*

### **Butterwick Hospice**

7. The Butterwick Hospice has facilities in Stockton and Bishop Auckland. Whilst predominately providing services for communities north of the River Tees, it was felt that the Panel's work would benefit by seeking their views. Further to that, Butterwick provides an Out of Hours service, which it was felt would be useful for the Panel to hear about. In addition to making general comments, Butterwick was asked to consider the following themes. The Butterwick Hospice will provide a paper for the Panel to consider, which is to be treated as appendix 3 and will be distributed under separate cover.
  - *What proportion of funding for your organisation comes from the statutory sector?*
  - *Is the income from the statutory sector from contracts of a given length or on a spot-purchasing basis?*
  - *How well does the Tees area, as a health and social care system, deal with End of Life Care currently?*
  - *In your view, does the health and social care system have sufficient capacity to deal with the demand around End of Life Care?*
  - *The Panel has heard in evidence that the majority of hospice places (in patient and day care) are used by cancer patients - is this consistent with your*

*experience? Is it the case that people with other conditions have less access to hospice facilities?*

- *How does your Out of Hours service work? Has it proved to be needed and, therefore, well used?*
- *Where should End of Life Care go from here? What developments are required?*

### **Teesside Hospice Care Foundation**

8. Teesside Hospice is located in Middlesbrough and its primary aim is to “provide holistic specialist palliative care at any point during a life limiting illness”. Again, in addition to any general comments, Teesside Hospice was asked to consider the following questions. Teesside Hospice has also supplied a paper, which is appended at Appendix 4.

- *What proportion of funding for your organisation comes from the statutory sector?*
- *Is the income from the statutory sector from contracts of a given length or on a spot-purchasing basis?*
- *How well does the Tees area, as a health and social care system, deal with End of Life Care currently?*
- *In your view, does the health and social care system have sufficient capacity to deal with the demand around End of Life Care?*
- *The Panel has heard in evidence that the majority of hospice places (in patient and day care) are used by cancer patients - is this consistent with your experience? Is it the case that people with other conditions have less access to hospice facilities?*
- *Where should End of Life Care go from here? What developments are required?*

9. The Panel will note that a significant quantity of information has been submitted in the appended papers. It is anticipated that each representative will spend a few minutes picking out the salient points of their paper, in advance of debating the points raised with the Panel and addressing any questions from the Panel.

10. The Panel is asked to note that evidence will be received from the Department of Social Care at its next meeting. Following that, the Panel is asked to consider whether any additional sources of information should be pursued. If so, those avenues will be pursued on behalf of the Panel. If not, a written summary of the evidence received can be prepared for the Panel, as an aid in considering its position on EOLC in Middlesbrough. To assist the Panel in so doing, it may be that a roundtable discussion of the evidence gathered so far, with all contributors invited to attend, would be considered useful to the Panel.

## **BACKGROUND PAPERS**

Please see:

- Appendix 1 – End of Life Care in Middlesbrough, paper prepared and submitted by the South Tees Hospitals NHS Foundation Trust
- Appendix 2 – Briefing Paper prepared and submitted by Middlesbrough and Redcar & Cleveland Community Services..
- Appendix 3 – Briefing Paper prepared and submitted by Butterwick Hospice – which will be distributed under separate cover.
- Appendix 4 – Briefing Paper prepared and submitted by Teesside Hospice Care Foundation

### **Contact Officer:**

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