# HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 6 October 2010.

**PRESENT:** Councillor Dryden (Chair); Councillors Junier, Lancaster, Purvis and P Rogers.

**OFFICERS:** J Bennington, P Dyson, J Ord and S Wright.

**** PRESENT BY INVITATION:** Councillor Brunton, Chair of Overview and Scrutiny Board.

Dr D Donovan, Chairman of the Cleveland Local Medical Committee.

****APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Carter, Cole, Davison, Mrs H Pearson and Lancaster.

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**** MINUTES**

The minutes of the meetings of the Health Scrutiny Panel held on 9 and 16 September 2010 were taken as read and approved as a correct record.

## MATTERS ARISING – WHITE PAPER EQUITY AND EXCELLENCE – LOCAL DEMOCRATIC LEGITIMACY IN HEALTH

It was confirmed that the formal response to the White Paper: Equity and Excellence, a copy of which had been sent to all Council Members had been submitted to the Department of Health.

It was suggested that the Chair and Vice-Chair together with the Scrutiny Support Officer compile a response highlighting the concerns previously identified by Members relating to the Local Democratic Legitimacy in Health element of the White Paper a formal response to which had to be submitted to the Department of Health by 11 October 2010.

NOTED AND APPROVED

## END OF LIFE CARE – GENERAL PRACTITIONERS PERSPECTIVE

The Scrutiny Support Officer submitted a report the purpose of which was to introduce the Chairman of the Cleveland Local Medical Committee to discuss a general practice perspective on End of Life Care (EOLC).

The Chair welcomed Dr D Donovan Chairman of the Cleveland Local Medical Committee who addressed the Panel and focussed their attention on responding to a series of questions sent prior to the meeting.

In general terms and as recognised when the NHS had first been established the role of GPs was seen as being from ‘cradle to grave’ and therefore were intrinsically involved in EOLC.

It was considered that there were a number of patients who died unnecessarily in an acute setting such as James Cook University Hospital rather than a patient’s preferred place to die. Members were advised that this was more likely to occur during Out of Hours especially when a OOH GP might not totally be aware of a patient’s condition and was likely to admit a patient to an acute setting adopting a safety first approach. It was considered that there was scope to improve arrangements to enable more patients to receive appropriate care during the last days of life in their preferred place. It was considered beneficial if GPs received further training in relation to EOLC including the national Gold Standards Framework. It was noted that such a view had been made as part of a Kings Fund survey of GPs.

Members referred to the proposals in the recent White Paper and in particular how the proposed GP Commissioning Consortia could develop EOLC which had not been able to be achieved by means of the Practice Based Commissioning initiative. It was acknowledged that community based services especially those operating out of hours needed to be strengthened in Middlesbrough. There was recognition of the services provided by the voluntary sector on a goodwill basis such as a telephone help line and hospice beds but it was felt that further steps should be taken to enhance the availability of such facilities.

An indication was given as to how EOLC could be developed in the future by a GP Consortia working in partnership and developing a service to meet current demands although it was considered that steps should be taken to seek improvements prior to any new commissioning arrangements.

**AGREED** that the representatives be thanked for the information provided which would be incorporated into the overall review.

**END OF LIFE CARE – DEPARTMENT OF SOCIAL CARE**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce the Head of Older People and Physical Disabilities to provide the Council's Social Care perspective on EOLC.

The Head of Older People and Physical Disabilities focused on Appendix 1 of the report submitted which outlined a response to a series of questions forwarded prior to the meeting.

In terms of the involvement of Social Care it was noted that at a strategic level there was an EOLC Strategic Delivery Group which was one of eight theme groups across Teesside. In view of current arrangements and representation it was noted that there was no forum for Middlesbrough Social Care Department to discuss service improvements and/or developments.

Following the launch of the Department of Health End Of Life Care Strategy in July 2008 a North East Regional Strategy Development Group consisting of training managers, Sector Skills Councils in Health and Social Care, Colleges, Independent Care Homes and Care Alliances took on a commission from Durham PCT in 2009 to take the national strategy further and produce an EOLC Learning Pathway.

In terms of service provision the Department did not commission any specialist services and relied upon non-specialist providers of domiciliary care and residential/nursing care to provide services for a whole range of needs which included people with terminal illness. It was acknowledged that this was a major challenge to the personalisation agenda. Whilst the training needs of personal assistants were the responsibility of the person who employed them it was stated that it was in the interests of Social Care department that workers had the required skills and abilities to undertake the work associated with EOLC.

With reference to a question relating to the extent to which services were integrated it was reported that Community Matrons and District Nurses in Middlesbrough were co-located in the same buildings as the Social Workers. Where a need was identified for social care involvement then Community Matrons and District Nurses particularly would refer the person quickly for assessment, care planning and provision of any services.

In relation to the role played by Nursing Homes in EOLC it was confirmed that such staff in Middlesbrough had all received training in the 'last days of life' component of the pathway. With the provision of District Nurse services together with appropriate training such as in the use of syringe drivers then it was hoped that patients could be cared for during the last days of life in a familiar setting of their choice as opposed to an acute setting.

In response to a question relating to how improvements could be made it was considered that there was an issue about capacity within services. Whilst some specialist NHS services, especially for people with cancer existed there were limited in the number of services they could provide to any one individual. It was also stated that the District Nursing out of hour's services

was also limited, having only one nurse and one health care assistant on duty for the whole of South Tees overnight.

It was confirmed that the Social Care Department did not commission care specifically, but did purchase care from domiciliary care agencies on a 'spot' contract basis. Additionally, the growth of personal budgets gave people an opportunity to employ their own carer (s). Members were advised that inevitably there were discussions between Social Care and the NHS on a regular basis about who should fund such services.

It was considered that should the number of people at any one time to be supported at home was significant then services might struggle to meet demand. There were a few limited services that operated 24 hours a day. Care Link could provide planned care during the night but for short spells, as it was mainly an emergency response service. Domiciliary Care agencies could provide overnight care on request, either on a 'waking' or 'sleep-in' basis.

Reference was made to a collaborative venture between Tees Valley Alliance, Local Authorities, the Strategic Health Authority and the five local FE colleges which were currently providing free training for workers in the adult care sector in Tees Valley (Hartlepool, Middlesbrough, Stockton, Redcar & Cleveland, Darlington). Such training would address the need to ensure that frontline staff, including those working for commissioned organisations, were sufficiently trained to deal with the issues connected to EOLC.

Whilst it was acknowledged there were difficult times ahead it was considered that the proposed GP Commissioning Consortia could provide a better opportunity to develop appropriate services to meet demands.

**AGREED** that the information provided be noted and incorporated into the overall review.

**OVERVIEW AND SCRUTINY 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 21 September 2010.

NOTED