

**Health SRUTINY PANEL**  
**End of Life Care In Middlesbrough – ACTION PLAN**

11<sup>th</sup> April 2011

SCRUTINY RECOMMENDATION	PROPOSED ACTION	BY WHOM	BUDGET COST	TIMESCALE
<p>1. That the emerging GP Commissioning Consortia, Department of Social Care and NHS Middlesbrough engage to conduct a root and branch review of End of Life Care in Middlesbrough. That review should identify a new 'whole system' strategic vision for End of Life Care, which should be articulated in new strategy for the development of End of Life Care Services (and their capacity) in Middlesbrough. This is all the more essential given that NHS Middlesbrough's Strategy Delivery Groups, including the one focused on End of Life Care, have been discontinued. The new strategy should include the following:</p> <ul style="list-style-type: none"> <li>➤ How patient choice will become a more important factor in the location of someone's end of life care and death</li> <li>➤ How the system can better share care plans so patients wishes and status as an end of life care patient can be more widely known, particularly by paramedics and out of hours GPs</li> <li>➤ How commissioners will continue to support the rapid discharge programme from JCUH, when its</li> </ul>	<p>A strategy for End of Life Care across Teesside already exists. However, with the changing NHS landscape this strategy will be refreshed and will involve GP Consortia and Social Care staff. The strategy refresh will consider the issues raised by Health Scrutiny. Additionally, consideration will be given to combining the Teesside Palliative Care Network and the End of Life Strategy Group to ensure stronger relationships between commissioners and providers.</p>	<p>Ali Wilson</p>		<p>By end of November 2011</p>

<p>current grant funding expires</p> <ul style="list-style-type: none"> <li>➤ Explicit articulation as to how community services for end of life care and hospice services will be improved and developed in both range and capacity to meet anticipated demand. The Panel feels that community services for End of Life Care should be led by a community based physician, of consultant rank, and supported by specialist GPs.</li> <li>➤ How an adequately resourced telephone advice line for those at the end of life and their carers will be provided and made sustainable through mainstream funding. Further, how that phonenumber will connect to community teams providing end of life care</li> <li>➤ How services will become significantly more 24/7 in focus</li> <li>➤ How residential and nursing homes will become an integral aspect of the delivery of high quality end of life care in Middlesbrough, whilst receiving adequate medical support</li> <li>➤ The timescales this will be achieved by</li> <li>➤ Measures by which the End of Life Care Strategy's implementation can be judged</li> <li>➤ An explicit reference to the level of financial resource dedicated to the improvement of End of Life Care</li> </ul>				
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<p>➤ A commissioning plan as to how the above will be achieved.</p> <p>The Health Scrutiny Panel would like to be involved with the development of that strategy.</p>				
<p>2. NHS Middlesbrough and the Department of Social Care satisfy themselves that commissioned nursing and residential homes have sufficient capacity, support and skill to facilitate effective End of Life Care on their premises. The Panel would like to hear the outcome of this.</p>	<p>Social Care will adopt the core standards for Nursing Care developed by Tees Valley Authorities and NHS Tees. This includes End of Life Care. All homes will be inspected in accordance with the revised audit tool as part of the annual audit process.</p>	<p>Contract &amp; Commissioning Manager</p>		<p>March 2012</p>
<p>3. The Panel recommends that procedures are revisited to ensure that all people at the end of life always receive not only Attendance Allowance or Disability Living Allowance, but all other benefits to which they are entitled.</p>	<p>There is no single agency with responsibility for ensuring that people receive the benefits that they are entitled to. It is important therefore that staff working in this field have some awareness of where to seek help and advice. There is already a suite of information contained in packs that are given to individuals. This information will be reviewed to ensure that advice about benefits entitlement is included. Consideration will be given to the provision of training for key staff.</p>	<p>NHS / Social Care leads.</p>		<p>By end of November 2011.</p>