

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 21 March 2023.

PRESENT: Councillors D Jones (Chair), A Bell, T Mawston, D Rooney and M Storey

ALSO IN ATTENDANCE: D Smith (Chief Executive of Teesside Hospice)

OFFICERS: S Bonner

APOLOGIES FOR ABSENCE: Councillors C McIntyre, D Davison, A Hellaoui and P Storey

21/147 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

21/148 **MINUTES - HEALTH SCRUTINY PANEL - 17 JANUARY 2023**

The minutes of the Health Scrutiny Panel meeting held on 17 January 2023 were submitted and approved as a correct record.

21/149 **TEESSIDE HOSPICE - AN UPDATE**

The Chair welcomed the Chief Executive of Teesside Hospice to the meeting and invited him to make his presentation.

During the presentation it was explained the Chief Executive had been in post for four years and would have attended more Health Scrutiny Panel meetings, but Covid-19 had prevented that. The hospice had been set up approximately 44 years ago, with the intention of providing end of life care, something the NHS had not catered for at the time.

It was increasingly the case that, due to improvements to health care generally, people had complex illnesses requiring more specialist care. That was borne in mind when the hospice was created. It was seen as an ambitious project at the time.

Palliative medicine had become a speciality, but that was not well known. The hospice offered four core services and had 10 specialist beds, which were the only ones in the area. It was commented that James Cook University Hospital depended on the hospice with teams at both sites being fully integrated. That meant the In-Patient unit benefitted from a range of medical professionals.

The In-Patient Service had three general areas:

1. End of Life - for patients who chose to die at the hospice and could have multiple and complex illnesses. Patients on the unit took an unknown time to die.
2. Pain Management - delivered by specialists, as the drugs used had to be controlled.
3. Psychosocial and Spiritual Management - issues that could not be dealt with via generalist means.

It was the In-Patient Service that the hospice was best known for.

The hospice also had a Wellbeing Centre, which focussed on mental health needs and was often seen as a day service. The service provided techniques that could be administered to someone with other illnesses.

The hospice also offered a Lymphedema Unit, which provided pain management and treatments for those suffering from lymphedemas. The unit saw 594 referrals in 2022.

The final service was the Bereavement Counselling Service, which was described as much

more than a shoulder to cry on. Grief after death was not a mental illness and as such the service allowed people to deal with grief after the death of a loved one. Within the Bereavement Counselling Service there was a specialised counselling service for children. While that was a smaller service, it had a longer-term impact.

The hospice had 168 paid staff members which included back-office staff. The hospice was regulated by the CQC to the same standards as James Cook University Hospital, which was challenging. However, the hospice was capable of meeting that challenge.

The hospice also relied on volunteers particularly around retail and fundraisers.

The overall vision for the hospice was to not allow people to die scared and alone. Teesside Hospice was the only hospice in Middlesbrough.

The hospice was previously funded via grants, which were not reviewed in line with inflationary increases. The Covid-19 Pandemic showed there was a financial cliff-edge that had resulted in a transformation team being established, which had limited results.

The hospice was in a difficult position financially. The Health and Care Act, and its related statutory guidance, stated that palliative care should be a commissioned service as with other hospital services. It was commented there had been a change in service expectation by users. It was also recognised that an open conversation needed to take place between the hospice sector and Integrated Care Boards to ensure services received an appropriate level of funding.

The Chair thanked the Chief Executive of Teesside Hospice for their report and invited questions from Members.

A Member queried how many beds the hospice had, other than the 10 specialist beds. It was clarified that the hospice only had 10 beds. Without the hospice, those bed spaces would have needed to be in a hospital with the cost being between £900 and £1000 per day. It was also commented that the hospice was seen as a luxury but should be seen as an essential service.

A Member commented that the services offered by the hospice went beyond care, citing the example of a wedding being arranged for a patient. It was noted that despite the nature of the service the hospice could be a happy place.

A Member queried what funding was made available to the hospice. It was confirmed Teesside Hospice had access to approximately half of the funds it required. It was also queried if a lack of adequate funding would have an impact on other NHS services and if there was a noticeable trend in demand for services. It was confirmed that service demand was steady but there were more young people receiving care.

It was advised that the hospice was receiving an increase in patients requiring counselling, possibly owing to the Covid-19 pandemic. Grief counselling for young people was a unique service to Teesside Hospice and it was noted that mental health services struggled to recruit to specialist posts and the hospice complemented TEWV and CAHMs services.

It was confirmed the Government had not provided a definitive answer to how hospices would be funded. A discussion took place about the need for a full discussion to be held between the Integrated Care Boards and the hospice sector regarding financing.

It was commented that when the Integrated Care Boards were created, they covered a large geographic footprint which was raised as a concern at the time. It was queried whether that had impacted on the hospice sector. It was noted the Integrated Care Board system was complex and while the hospice sector sent representatives there had been no resolution about funding.

Members agreed that a full discussion was required between the Integrated Care Boards and the hospice sector.

The Chair thanked the Chief Executive of Teesside Hospice for their attendance.

ORDERED:

1. That the Integrated Care Board be invited to a future meeting of Health Scrutiny Panel to provide input on funding for the hospice sector and;
2. That the information presented be noted.

21/150

STAKEHOLDER BRIEFING: NHS INTEGRATED URGENT CARE IN MIDDLESBROUGH AND REDCAR & CLEVELAND

The Chair advised Members that a stakeholder briefing had been circulated, advising of an update regarding investment in urgent care services in Middlesbrough and Redcar and Cleveland.

The briefing pointed out that following a patient engagement survey, 83% of respondents were in favour of the introduction of the Integrated Urgent Care model at James Cook hospital as well as the extension of opening hours of the Redcar Primary Care Hospital's Urgent Treatment Centre.

Members were asked to note the briefing from the Integrated Care Board.

NOTED

21/151

CHAIR'S OSB UPDATE

The Chair advised that at the previous meeting of the Overview and Scrutiny Board, held on 22 February 2023, the Board had considered:

- the Executive Forward Work Programme;
- the Corporate Performance Update for Quarter Three 2022-2023;
- the Revenue and Capital Budget Projected Outturn Position for Quarter Three 2022/23;
- the Children's Finance Improvement Plan;
- the Statutory Finance Report;
- the Mayoral Budget Proposals 2023/24, Medium Term Financial Plan and Investment Strategy, including the outcome of the consultation;
- the Final Report of the Children and Young People's Learning Scrutiny Panel on Youth Offending and Partnership Working with Schools;
- the Final Report of the Culture and Communities Scrutiny Panel on Off Road Bikes; and
- updates from the Scrutiny Chairs.

NOTED

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ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.

None.