

**ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL**

A meeting of the Adult Social Care and Services Scrutiny Panel was held on Wednesday 9 December 2020.

**PRESENT:** Councillors J Platt (Chair), S Hill (Vice-Chair), D Jones, G Purvis, J Walker and G Wilson

**PRESENT BY INVITATION:** Councillors B Cooper, D Coupe, A Hellaoui, T Mawston, M Storey and P Storey

**OFFICERS:** S Blood, E Scollay, C Breheny and M Jackland

**APOLOGIES FOR ABSENCE:** Councillors J Goodchild and D Rooney

20/2 **DECLARATIONS OF INTEREST**

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

20/3 **MINUTES- ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - 11 NOVEMBER 2020**

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 11 November 2020 were submitted and approved as a correct record.

20/4 **PALLIATIVE /END OF LIFE CARE- SETTING THE SCENE -NHS TEES VALLEY CLINICAL COMMISSIONING GROUP (CCG)**

The Chair welcomed the Panel and members of the Health Scrutiny Panel to the meeting. He advised that this was a setting the scene meeting in response to Palliative and End of Life Care. With this in mind, he welcomed Craig Blair, Director of Commissioning Strategy and Delivery from NHS Tees Valley Clinical Commissioning Group (CCG).

The Director firstly provided some context, outlining that the Tees Valley CCG was now coterminous with the Tees Valley Integrated Health and Care Partnership (ICP). The ICP working spans three secondary care providers, five hospices, five local authorities and parent carer forums along with numerous third sector organisations. It is a complex and a diverse system that they work in.

The Panel were advised that there had been an organisational change and a recent merger of three diverse CCGs, Hartlepool and Stockton-on-Tees CCG, Darlington CCG and South Tees CCG to become Tees Valley CCG. The merge highlighted inequalities and variation in funding and contracting methods across hospice services and palliative care services and emphasised the need for one strategy co-produced with partners.

The aim of the CCG was to explore the use of new contracting methods and national service specifications for similar services provided by hospices and specialist services adapted to meet the needs of individual providers. Many of the CCGs palliative and end of life care services have outdated service specifications which require review.

In terms of Covid, it has been challenging for all sectors, however the Director advised that as a system they have responded in a coordinated, flexible and effective way. However the pandemic has had wider system impacts with Hospices especially in light of reduced charitable income. The Director outlined that there is a need to continue the excellent working relationships with the Hospices to ensure vital services are maintained. Covid and the organisational changes have driven an added impetus to review services and explore the development of a system wide approach to delivering integrated services.

The Panel were advised that once the need is established across the CCG and the current service analysis completed, then the delivery model and the most appropriate payment and contracting methods to deliver the model will be determined.

The CCG are willing to look at innovative contracting solutions to deliver true integrated care that draws on the emerging 'Future Vision' work NHSE/I are currently supporting Hospice UK to produce, with the aim of re-imagining a more sustainable future for palliative and end of life care. The CCG are also focussed on collaborative working to develop and deliver new and innovative pathway development and contracting solutions to deliver true integrated care that draws on the emerging 'Future Vision' work NHSE/I are currently supporting Hospice UK to produce, with the aim of re-imagining a more sustainable future for palliative and end of life care.

The aim from a commissioning service:

*To make the last stage of people's lives as good as possible by aligning systems and processes so that everyone works together confidently, honestly and consistently to help the patient and the people important to them.*

#### Opportunity for the Tees Valley

The Director explained to members that an opportunity had arisen through NHS England to undertake a commissioning pilot, as a way of looking and contacting services. Tees Valley CCG were successful in bidding for the commissioning pilot and were awarded funding of £50,000 which will be used to review and commission services for end of life and palliative care. The funding will allow the CCG to recruit and employ officers for project support to look at the services we have now, where there are gaps and what can be done to improve.

The funding will be used to;

- Support driving the agenda forward and create an environment where transformation can be achieved in a collaborative way across partners.
- Undertaking multi-agency engagement, patient/carer/parent consultation and engagement events to support development of a Tees-wide vision and strategy for PEOC.
- Ensure the vision and strategy are owned by partners and are built from the 'bottom up', addressing local issues and building on good local practice.
- Enable the capacity to build relevant relationships across all key stakeholders that span the adults and children's agenda's and enables implementation of the key principles of the proposed service specification plus address local concern regarding service stability and cohesion.

#### **What the CCG hope to achieve**

This approach would support delivering the following key service developments and outputs:

- Scoping existing services against the national service specification and NICE Guidance
- Development of an ICP vision, key priorities and strategy for Palliative and End of Life Care spanning children and adult's services utilising the Ambitions for Palliative and End of Life Care and the CQC framework: Getting to Good
- Creating a cohesive pathway that spans all age ranges and offers equity of access for patients across all locality areas within the ICP, providing consistency across the following areas-
  - community support including primary care
  - specialist palliative care Acute/Community based support
  - Hospice provision
  - Children and Young People/adult transition, palliative and respite care
- Ensuring stability of service across the hospice market
- Reviewing and developing 24/7 access to specialist advice – for example there are several ways this is being delivered at the moment and the CCG would like to review and look at developing a standard offer.
- Reviewing and developing 24/7 community nursing services for both children and adults

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- Increased implementation and utilisation of key aspects of the personalised care agenda to improve patient outcomes
- Co-ordinated care across organisations where money follows the person into the most appropriate setting and choice is supported for the person and family/carer where possible.

In terms of Implementation, the Director outlined that the CCG will:

- From existing resources and new resources, the CCF would like to undertake engagement with partners
- Baseline Palliative and end of life Care (PEoLC) services across the Tees Valley, using the commissioning and investment framework to classify key services into core, specialist and enhanced.
- Utilise service specification good practice templates to ensure revised service offerings meet the key requirements for good PEoLC.
- Ensure service specifications meet national standards, national policy and personalised care approaches, with amendments to meet each provider arrangement as appropriate.
- Test the guidance to develop meaningful integration across providers and organisations which may require non- traditional contracting methods.
- Explore alternative contracting methodologies such as delegated budgets or other innovative contracting approaches e.g. contracts or grant agreements with Hospices.
- Explore and develop further the relationships between specialised and local commissioning in order to improve the EOL journey for Children and Young people and their families is as joint up as possible.

Finally, the Director advised of the next steps for the pilot scheme, these being:

- Agree and sign off Memorandum of Understanding with NHS England for the pilot funds (December – Jan 2021)
- Recruit project support as per the requirements of the bid (circa Jan – March 2021)
- Agree a programme of extensive engagement with patients, carers and stakeholders to co-design a vision for End of life services across the Tees Valley early in 2021. This would need to be done within a covid safe way.
- Translate the vision into new pathways and re-design service models with providers – supporting a collaborative approach
- Mobilise new pathways to support improved patient outcomes - spanning 2021/22. All parties supported in the pilot would have a clear mobilisation plan in place once this new way of working was introduced post the pilot.

Following the presentation, the members raised a number of issues:

1. The panel were pleased that the CCG were leading as an example in terms of their service delivery and flexibility especially through Covid.
2. There was concern that at present, when an individual is at end of life, family members are unable to be with them if they are residents of a care home. The Director advised that this was a very sad situation and he hoped that through engagement groups this would be discussed a solution of how to address this be devised.
3. The Panel also raised concern that there was a reliance and need for charities, however their finances were disappearing and how could this be resolved. In response, the Director outlined that unfortunately the CCG do not have unlimited resources but it was hoped that the charities are fully engaged with the progress and the CCG look at ways to best use their facilities and support them.
4. Lastly, a Panel member questioned how the pilot will ensure engagement with hard to reach groups especially since at present with Covid-19 there has been a move to digital / remote engagement. In response, the Director outlined that the community engagement teams would address these factors and once safe to do so devise a strategy of engagement.

The Chair thanked the Director for this excellent presentation. Following on from the item, it was agreed that at present with the CCG undertaking the pilot, it would add little value to undertake a full scrutiny review on Palliative and end of life at this stage.

It was therefore agreed to receive some more information on the pilot implementation and revisit the topic in 6 months- time.

AGREED-

1. That the presentation be noted
2. That the CCG be invited to a future meeting to provide further information on the pilot.
3. That the scrutiny panel revisit the topic in 6 months time.

20/5

## **PALLIATIVE / END OF LIFE CARE- SETTING THE SCENE- TEESSIDE HOSPICE**

The Chair welcomed David Smith, Chief Executive of Teesside Hospice to the meeting. Prior to the meeting, the Chief Executive had shared a briefing document, however briefly went through key aspects.

He advised the Panel that Teesside Hospice was established in 1982, and is a charity working in partnership with the NHS and wider system delivering specialist palliative care, end of life care, wellbeing activities, lymphoedema care and grief and trauma counselling services for adults and children across Teesside and parts of North Yorkshire. As others have developed their skill in delivering generalist care, their priority is to look after people, their families and carers who have complex or multiple needs and to provide Specialist Palliative Care and support and expertise in end of life care. In addition, they provide specialist advice and support to other professionals on palliative and end of life care, offer specialised education and training and undertake research across our areas of work.

Teesside Hospice employ 148 people in a variety of different roles and have over 300 volunteers in our hospice, retail and fundraising departments.

The services are available free of charge to the people who need them. In 2020-21, the clinical services will cost just over £3M to deliver. About 43% of this comes from the local NHS with the remainder coming primarily from fundraising activities across Teesside and local residents via retail sales in the shops.

Teesside Hospice and Mission statement

*Our Vision is that we are there for everybody who needs us. We want to change the way our society and healthcare systems care for people with a life limiting illness and ensure that local people get the very best care at the end of their life.*

*Our Mission is to complement other services by leading the development of new ways of working and delivering hospice care that meets the needs of those at the end of their life today and those in the future, whatever their needs might be.*

The Panel heard that there is a skilled multidisciplinary team at the hospice, which offers patients holistic care, ensuring that their physical, emotional, social and spiritual needs are met. The team includes: a Consultant in Palliative Medicine, Hospice Medical Team, Specialist Nurses, Occupational Therapists, Dietician, Social Worker, Physiotherapist, Complementary Therapist, Chaplaincy and Counselling Services.

The Hospice also provides a 10 bedded Inpatient Unit, which is the only specialist inpatient beds for people requiring palliative or end of life care in the locality. The Chief Executive advised that it is useful to consider the facility at Teesside Hospice as a High Dependency Unit for people with Palliative and End of Life Care needs.

**With a target occupancy rate of 85% and average length of stay around 14 days, the Inpatient Unit focusses its work in the general areas:**

- End Stage Care: Some patients choose to spend their last days in the unit, being admitted during the very late stages of their illness

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- Pain and Symptom Management: for people experiencing pain and other symptoms that have not been controlled by generalist interventions.
- Psychosocial and spiritual distress: needs that cannot be met by the generalist referring team.

The Hospice also offers a wellbeing clinic and offers supportive care for those who are at their end of life. Teesside Hospice, like other hospices offer a range of services, which may include the following: pain and symptom control; psychological and social support; rehabilitation – helping patients to stay independent and continue to live their lives as they have done before; complementary therapies, such as massage and aromatherapy; spiritual care; family care; practical and financial advice; bereavement care. The Hospice offers peer support and also fundraises to offer an outreach nurse, who directs people either into the hospice or to other services.

Their goal is to help our people face the world without fear or feelings of inadequacy arising from having been, or still being, unwell; to have attachments to others which have emotional meaning (to love and to feel loved); to be able to do things in the world which have a meaning and a purpose for them. In order to achieve this goal Teesside Hospice include the development of communities within their services and where appropriate, a therapeutic community meeting appropriate quality standards.

**Given the specialist nature of our work, referral into Teesside Hospice is generally through a GP, hospital team or social worker. Self-referrals are also possible and support is also available for family members and carers affected by a life-limiting illness.**

**In terms of finances, Covid has had a massive impact and on charitable donations, especially through the shops. However in terms our specialisms the cost for the Hospice have increased and they are looking at a half a million pound deficit going forward. If the Hospice carries on in the same way, it is unfortunate but the Hospice is likely to have to close in the next 3-4 years' time. The Chief Executive outlined that this is the extreme and in order to mitigate this the Board of Trustees instigated a transformation programme that has sought to seek savings and efficiencies in our work whilst working with partners and the wider system to increase the level of core statutory funding the hospice receives. The Hospice are encouraged by the warm words we have received and the confirmation that our specialist inpatient beds and Specialist Wellbeing and outpatient services are essential to the local system. The Chief Executive advised that the Inpatient unit is where the most resources lie, however there is a need for the specialist beds and have help shape our thinking of where we can go forward. £750,000 from Reserves will be used for the next financial year to ensure the Hospice remains running, however further work needs to be looked into.**

**The Chief Executive eluded to the work undertaken by the Scrutiny Panel in 2011 on End of Life Care, which was very in-depth, however frustrating as there is still gaps and a need for people to have good, end of life care. It was agreed that the report would be circulated to the Panel and that the Democratic Services Officer would contact the CCG to ascertain the progress of the recommendations made in 2011.**

**In terms of fundraising, the Panel asked about what the Hospice had done in terms of increasing its fundraising. In response, the Chief Executive outlined that the hospice had opened a new charity shop, there has been a push towards digital fundraising, lottery and there had also been corporate fundraisers, which had resulted in £20-30k. A Panel member also enquired whether the Council had a payroll giving service and whether the Hospice could be included within this.**

**The Chair thanked the Chief Executive for his presentation and wished him and the Hospice luck in the future.**

**Agreed:**

- That the information be noted
- That the Democratic Services Officer circulate the report on End of Life Care undertaken in 2011 and contact the CCG to ascertain the progress of the

recommendations made in 2011.

- That the Democratic Services Officer contact the Council's HR service with regard to payroll giving.

20/6 **CHAIR'S OVERVIEW AND SCRUTINY BOARD UPDATE**

The Chair provided a verbal update from the Overview and Scrutiny Board held on 3 December 2020.

**Agreed-**

That the update be noted.

20/7 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**