

## NHS Tower Hamlets' Response to Health Scrutiny Panel Review on End of Life Care

Please note that we have presumed that social care and the council are the same entity for the purposes of interpreting the recommendations.

Recommendation	Response/Comments	Responsibility	Date
<p><b>R1</b> That the Care-Plus project be commissioned by NHS Tower Hamlets and London Borough of Tower Hamlets for a minimum of a further two years. The scope for disseminating learning from the project locally should be explored within the commissioning of the project.</p>	<p>The care plus project has been funded by the Kings Fund as a pilot and funding ends in September 2009. NHS Tower Hamlets recognises the importance of the project for carers. At the beginning of March 2009, NHS Tower Hamlets requested a business case, from Care-plus, to allow for consideration to be given to funding the project from September and for the next year (including details of social care funding requests) and this was received in June 09. NHS Tower Hamlets anticipates bidding in 10/11 commissioning intentions for funding to continue this service as part of our adult health and well being programme. This funding request will be processed within defined commissioning and prioritisation processes for NHS Tower Hamlets and LBTH. Should the proposal prove to be unsuccessful, or require a tendering process, action will be taken by the Delivering Choice Programme (DCP) programme to review the action plan and consider future commissioning rounds as appropriate.</p>	<p>Health and social care</p>	<p>Interim funding (bridging from September 09 to April 10) may be agreed jointly by September 2009 between health and social care with consideration given for continued funding in 10/11 (not guaranteed funding)</p>

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<p><b>R2</b> That the needs and rights of carers, partners, single sex partners and friends be recognised within the context of end of life care. In particular the tools used to facilitate discussion with families at end of life be extended to cover these groups.</p>	<p>Within the Healthcare setting there are three main tools recommended to use in end of life care – Gold Standards Framework (GSF), Liverpool care pathway (LCP) and preferred priorities for care (PPoC). NHS Tower Hamlets supports the use of these tools and currently has a large proportion of GP practices using the Gold Standards Framework which means they maintain a register of patients with end of life care needs and this includes recording of their primary carer which would cover the relationships within LGBT relationships. The LCP is used in the hospital and community as a care plan in the dying phase and the needs and wishes of the family/carers are recorded and this would not differentiate between the relationships in LGBT partnerships and other relationships. NHS Tower Hamlets is currently giving active consideration to implementation of the PPoC which also records the relationships the patient has and takes into account their views and wishes.</p> <p>NHS Tower Hamlets considers that it already applies the principles and aspirations set out by the panel in this recommendation in relation to end of life care. We welcome the panel's support of our current working practices.</p>	<p>Social care (in health this is already covered in the tools used)</p>	

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<p><b>R3</b> That the Council and NHS Trusts work in partnership with St Joseph's Hospice to extend hospice care in the community and train health and social care and care home staff on managing end of life care discussions.</p>	<p>We would welcome a further definition of the committee's interpretation of the phrase 'hospice care' to provide clarity about what is being proposed here. As a provider of End of Life Care we work within a complex and layered area that provides care to patients in a variety of settings. Care provided in or by a hospice is just one form of palliative care</p> <p>Much palliative care sits in a generalist remit and as such, GPs and community health services may provide this service with specialist input from the hospice on complex cases. As a commissioner of end of life care we aim to support an develop the provision of a model of care which all services adhere and which meets the needs of our varied communities, rather than focussing only on 'hospice care' which is predominantly specialist care. NHS Tower Hamlets has, however, commissioned local hospice services to extend their care into non cancer illness within the community during 2008-10</p> <p>Moreover through developing our approach to commissioning we have identified a need to train generalist staff in care homes, community nursing, community hospital and social care services in providing care and understanding end of life care needs and</p>	<p>Health, social and voluntary sector</p>	<p>During 2009/10</p>

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	<p>communication skills and this could be provided by through the hospice.</p> <p>NHS Tower Hamlets has commissioned in 08/09 and 0910 a course run by St Josephs Hospice on 'initiating difficult discussions' for staff which has been attended by health and voluntary sector staff as well as some social care staff. We are also working on developing health care assistant training within the PCT and the hospice provides a palliative care course for Community Nurses through City University.</p> <p>NHS Tower Hamlets is jointly funding a palliative care course for the voluntary sector (age concern). We would b supportive of discussion with partners to develop a strategy for end of life care training which could provide clear responsibility training and include identified funding for provision to health, social care, care home staff and voluntary sector staff.</p>		
<p><b>R4</b> That the NHS Trusts in Tower Hamlets and London Borough of Tower Hamlets prioritise co-ordination across health and social care during discharge from hospital and as a part of this work that the major Hospitals</p>	<p>We feel that this should cover the planning of care as well as the discharge of patients. This area is clearly covered in the Delivering Choice Programme work (DCP) carried out by NHS Tower Hamlets. We would anticipate the current partnership agreement for DCP will continue to support proactive engagement from social care in this work</p>	<p>Health and social care</p>	<p>Work stream groups to be developed and proposal for service improvement by October 2009. for implementation soon as possible/when funding available</p>

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in Tower Hamlets explore options to prioritise the transport needs of those at end of life.	stream and indeed, the whole programme. Transport is also covered with the DCP report as a work stream.		
<b>R5</b> That the Council provide signposting and advice services on how to make wills and put in place Advance Directives and that these should be linked to information provided by the Births, Deaths and Marriages Registry services in the Borough.	NHS Tower Hamlet's believes that signposting provides a valuable contribution to improving information flows and this is already covered using the GSF and PPoC in the community by health services. However, there is a need to ensure that all health, social and voluntary care staff are engaged in anticipatory care for patients and ensuring that advanced care plans are agreed and the outcomes communicated to all professionals involved with the patient and their carers. NHS Tower Hamlets has produced a local bereavement booklet that provides useful and relevant local information and can be given out prior to a death. We would welcome any steps taken by all partners involved in end of life care, for example, the register of births, deaths and marriages, to proactively communicate information relating to services so as to alleviate any family suffering and allow for preparation for a death.	Health and social care	
<b>R6</b> That health and social care services develop a common definition of end of life care	As referred to in our recent consultation, there are already clear definitions of end of life care and the primary healthcare teams	Health and social care	

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<p>to be understood by all staff working with older people in particular. The definition should agree the trigger for health and social care services to consider the end of life care needs of the individual.</p>	<p>use the prognostic indicator guidance as part of Gold Standard Framework to identify patients for the palliative care register. We feel that it would be counterproductive to produce another definition and that the greatest potential for service enhancements and joint working lies in the scope to work more closely with social care staff on their understanding of existing definitions as well as health and social care working along side each other and sharing information about patients/clients</p>		
<p><b>R7</b> That a joint health and social care post be created to lead on the integration of health and social care services for end of life. The remit of the role would include creating a joint protocol for information share across health and social care including for the Older People's Panel and for co-ordinating care at the key points where health and social care interact.</p>	<p>NHS Tower Hamlets and the Council are currently working together in a number of ways in order to consider how best to develop enhanced integration between health and social care. End of Life Care is just one of many areas that this work may cover. The development of such a role as proposed by the panel is not included within either organisation's budgets as set out and agreed for 09/10. Priorities for future year's allocations will be influenced by the work already referred to and prioritised in line with already well understood processes. We will also consider other options for meeting the need of the patients and services e.g. promoting joint working and identifying leads within health and social care who can work together rather than develop an integrated</p>	<p>Health and social care (Delivering Choice Programme)</p>	<p>Delivering Choice Programme - Work stream group to be developed and proposal for service improvement by October 2009. for implementation soon as possible/when funding available</p>

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	<p>post which may be less effective for both organisations.</p> <p>The success of the delivering choice programme would be supported by the identification of a social care lead who could represent all of social care on the board and delegate working groups to appropriate members.</p> <p>NHS tower Hamlet's recognises the potential for developing a joint strategy on information sharing and communication and as such this is identified within the DCP report as a need across all sectors as well as the. need for a coordination role. However, the DCP working group may not decide on the older people's panel for the coordination role as end of life care affects all age groups and there may be a need for a less didactic approach to the issues of coordinating care</p>		
<p><b>R8</b> That the NHS Trusts and the Council review their provision of rapid death certification services to take account of local community needs including that of faith and explore the options for an inter-borough service to ensure 24 hour coverage.</p>	<p>NHS Tower Hamlets has already began work on this issue and is in the process of setting up a work group to look at death certification and related issues for the community and hospital. Member of social care will be invited to join the steering group which is being scoped at this time. While we cannot guarantee that the outcomes of the group work will be as recommend in this report</p>	<p>Health and social care</p>	<p>Not set</p>

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<p>The service that is developed as a result of this will need to include a community engagement plan to publicise and improve access to the service.</p>	<p>these will be taken into consideration as a whole, whilst acting within the current legal constraints about certifying deaths.</p> <p>We therefore welcome this recommendation and believe discussions should include social care and voluntary sector groups and not be restricted to just the PCT and council.</p>		
<p><b>R9</b> That the Council consider piloting a programme of community based discussions on end of life care.</p>	<p>Whilst NHS Tower Hamlets welcomes the potential to enhance community dialogue and understanding through this approach, we believe it should be done with sensitivity and must include follow up and provision of training for staff involved and dealing with the requests that might come from the discussions.</p> <p>NHS Tower Hamlets have previously participated in jointly hosted public discussions and welcomed this approach.</p>	<p>Social care (link to health for support and advise)</p>	
<p><b>R10</b> That on the basis of a common definition of end of life care being agreed by the Council and NHS Trusts, individuals should be assigned a single point of contact for co-ordinating all subsequent care.</p>	<p>Coordination of care is one of the DCP work streams. The end recommendations of this work may not be for a single point of contact but this is certainly something that will be considered alongside who would be best placed to fill this role throughout the patient journey. Engagement from social care in the work stream will be essential to its success. We would anticipate using existing definitions</p>	<p>Health and social care</p>	<p>Delivering Choice Programme - Work stream group to be developed and proposal for service improvement by October 2009. for implementation soon as possible/when funding available</p>



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	of end of life care but can clarify them for this purpose		
<p><b>R11</b> That a strategic approach to commissioning care homes be developed taking into account the need to deliver high quality and efficient services but also in a way that ensures there are sufficient resources and flexibility for care home staff to take up training to meet the end of life care needs of residents.</p>	<p>NHS Tower Hamlets welcomes this recommendation. There is also a need for the care homes to accept their role in training and supporting their staff but a strategic approach should lay out the core standards of training and care that we expect from the homes for residents of Tower Hamlets.</p> <p>The PCT currently has a locally enhanced service for GP's covering care homes which includes that the GP must be actively using GSF.</p> <p>The responsibility for equipping the care homes is, we feel, the responsibility of the home but if you expect them to provide end of life care, this should be explicit within the contracts held with the homes. We recommend that each home meets a set requirement of core skills for basic end of life care provision alongside health and social care and that competency is measured. We can see merit in considering all care homes registering for the national GSF programme for care homes to allow them recognition of their work</p>	Health and social care	