EXTERNAL SERVICES SELECT COMMITTEE – HOSPICE PROVISION IN THE NORTH OF THE BOROUGH

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	None
Ward	n/a

HEADLINES

To enable the Committee to question representatives of those organisations responsible for delivering hospice provision in the North of the Borough about the closure of Michael Sobell House and the action taken to ensure future hospice provision.

RECOMMENDATION: That the External Services Select Committee makes comment on the information provided and notes the presentations.

SUPPORTING INFORMATION

On 30 October 2018, a special meeting of the External Services Select Committee was convened to look at the provision of hospice services in the North of the Borough. Given the importance of the issue, subsequent meetings were scheduled for 11 December 2018 and 28 February 2019 to enable Members to continue their questioning of the witnesses whilst providing them with sufficient time to be able to take action that would help to resolve the matter.

At the meeting on 28 February 2019, Members were advised that Hillingdon Clinical Commissioning Group (HCCG) had written to East and North Hertfordshire NHS Trust (ENH) setting out its commissioning intentions for the provision of the service. These intentions included three elements: inpatient beds (around eight); 24 hour consultant-led support line; and day centre. It was hoped that the procurement exercise would be completed and a new provider identified by the end of April 2019 for an initial 12 month contract. Due diligence action would then need to be undertaken to mobilise the plan to get the service up and running in its original location as soon as possible (it was anticipated that there would be a 3-4 month mobilisation period). This would include the TUPE transfer of staff, estate condition assessment and undertaking repair works. Once the new service had been commissioned, ENH would facilitate the transfer of the building to the new provider.

Ideally, the service would be up and running again by the summer of 2019 but it was recognised that recruiting specialist end of life staff was a challenge. Although some of the staff from the MSH inpatient unit had been retained in the Borough, recruitment would still need to be undertaken and consideration would need to be given to the skills mix needed for the short and medium term.

At that time, action was being taken to estimate the remedial works that would be needed to get the building into a sufficient state for the service to recommence. There had been significant differences of opinion with regard to the scale of the works needed and the CQC would need to

be consulted on what was deemed acceptable in terms of the condition of the building. Ultimately, the building only needed to be made good for a relatively short period of time. Members were advised that, as Michael Sobell Hospice Charity had reserves/funds that could be diverted, it would be able to make a reasonable contribution towards the building repair costs.

At the meeting on 28 February 2019, it was agreed that an update be provided to the Committee and that partners come prepared to explain what steps they have taken to ensure that this situation is never again repeated. In terms of the timing of this update meeting, Members believed that early July 2019 would provide all partners with ample time to ensure that the inpatient service at Michael Sobell House was up and running again.

The aim of hospice care is to improve the lives of people who have an incurable illness. Hospices provide care for people from the point at which their illness is diagnosed as terminal to the end of their life, however long that may be. That doesn't mean hospice care needs to be continuous. People sometimes like to take a break from hospice care if their condition has become stable and they are feeling well.

Hospice care places a high value on dignity, respect and the wishes of the person who is ill. It aims to look after all their medical, emotional, social, practical, psychological and spiritual needs, and the needs of the person's family and carers. Looking after all these aspects is often referred to as "holistic care". Care also extends to those who are close to the patient, as well as into the bereavement period after the patient has died.

Most hospice care is provided in the patient’s own home, but it can also be provided in a care home, as an in-patient at the hospice itself, or as a day patient visiting the hospice. Hospice care is a style of care, rather than something that takes place in a specific building. Hospice teams include doctors, nurses, social workers, therapists, counsellors and trained volunteers. Hospices aim to feel more like a home than hospitals do and can provide individual care more suited to the person who is approaching the end of life, in a gentler and calmer atmosphere than a hospital.

The hospice care sector supports more than 200,000 people with terminal and life-limiting conditions in the UK each year. This amounts to more than four in ten people of those estimated to need expert end of life care. Hospices also have an important role in supporting people’s families, especially in providing bereavement support. A total of 46,000 people in the UK receive bereavement support from hospices each year. Hospices support people with a wide range of conditions including cancer, motor neurone disease, cardio-vascular diseases, dementia, multiple sclerosis and Parkinson's disease. They are increasingly supporting people with multiple life-limiting conditions.

The majority of hospice care (84%) is provided in community-based settings, including home care / hospice at home, outpatient services and hospice day care. More than 125,000 people give their time to volunteer for hospices each year.

Charitable hospices in the UK raise the bulk of their funding through support from their local communities including: fundraising, hospice charity shops, legacies, hospice lotteries and investments. They receive some statutory funding, although levels vary across the UK between the different nations and also within different regions. In Scotland, hospices receive (on average) 39% of their income from the Government; in England, it is 32%; in Northern Ireland it is 37%; and in Wales it is 27%. CCG funding for adult hospices varies widely. Across England,

CCGs make contributions to hospice care costs which range from less than 1% to more than 50%.

Collectively, charitable hospices in the UK need to raise around £1 billion each year from their local communities – which amounts to approximately £2.7 million per day. Hospices in the UK spent a total of £1.4 billion on their services in 2016, of which £914 million was spent directly on care, with the remainder on costs including fundraising, compliance and governance.

End of Life Care (EOLC) commissioning is a complex area involving a large number of providers, services and cross-cutting agendas. A simplified model with six aims has been produced. One of these aims is that all people approaching the end of life and their carers and family receive well-coordinated, high-quality care in alignment with their wishes and preferences. Another aim is that sectors work together in collaboration to deliver cross-boundary care: health (adult child, mental, physical, spiritual); social care (Local Authorities, Health and Wellbeing Board); and voluntary/third sector/independent sector (hospice, charitable, independent and patient/users' groups). To enable this, agreement would be needed on outcomes and alignment of goals, shared funding, service specifications and means of practical collaboration.

Michael Sobell Hospice Charity (MSHC)

As well as at providing 10 bed inpatient unit at Michael Sobell Hospice on the Mount Vernon Hospital site, the Hospice provides an outreach service to provide patients and families with access to specialist nursing care in their own homes.

The Michael Sobell Hospice Charity (MSHC - formerly the Friends of Michael Sobell House) is dedicated to supporting the work of Michael Sobell Hospice, providing specialised end of life care and support to local people, their families, friends and carers. Michael Sobell Hospice is run by East and North Hertfordshire NHS and jointly funded by the NHS and MSHC.

This year, MSHC has to raise over £1.6 million to ensure vital services are maintained, around 40% of the overall running costs of the Hospice. Its mission is to develop and motivate the community to donate time and money to support and maintain the work and vision of Michael Sobell Hospice. Thanks to the support provided by the local community, the charity contributes £2 of every £5 that is spent on patient care at the Hospice.

In June 2018, a decision was made to close the Hospice's inpatient unit and move the patients to Wards 10 and 11 in the cancer centre at Mount Vernon Hospital. These patients were then moved again to other wards within the same hospital whilst Wards 10 and 11 were refurbished. The External Services Select Committee received no formal or timely notification of the proposed closure of the Hospice inpatient unit.

East and North Hertfordshire NHS Trust (ENH)

As well as providing services at Hertford County hospital (Hertford), The Lister hospital (Stevenage) and The New QEII hospital (Welwyn Garden City), ENH runs the Mount Vernon Cancer Centre (Northwood), which is one of the country's top five cancer treatment centres, providing specialist radiotherapy services along with chemotherapy for local people.

When it comes to the provision of services, the Trust often works closely with a number of third party organisations, including charities. At the Mount Vernon Cancer Centre, services to

patients are provided by the Paul Strickland Scanner Centre, Lynda Jackson Macmillan Centre and the Michael Sobell Hospice.

The Michael Sobell Hospice Charity (MSHC) is a separate organisation to ENH with its own management team and trustees. ENH does not own the hospice or the land on which it is situated. However, ENH does have a contractual relationship MSHC to provide nursing care to the inpatient service.

ENH has advised that there was no Service Level Agreement (SLA) for its provision of palliative care at MSH. In addition, ENH had not completed an EIA for the move on 18 June because it was thought to be "a simple 'lift & shift' move to a more appropriate care environment". The Trust had concerns about the inappropriate care environment in MSH and these concerns were reinforced by CQC inspectors when they visited in March and reported in July.

Now that palliative care patients are being cared for in MVCC, ENH is confident that all care and quality issues are reported and actioned appropriately at its monthly cancer divisional board meetings. As such, ENH believes that governance has improved under the new arrangements.

Hillingdon Clinical Commissioning Group (HCCG)

The Hillingdon End of Life Joint Strategy 2016-2020 sets out Hillingdon's vision for end of life care, identifies key issues and gaps in service delivery and articulates how the Borough's health and social care services will commit to achieve this vision by 2020. One action identified within the document is the need to ensure that access to hospice and continuing care beds reflects local need.

The report notes that, in April 2016, that there was a chronic shortage of nursing home beds and hospice places in the Borough which limited the choice for patients and families at the end of life.

The Hillingdon Hospitals NHS Foundation Trust (THH)

THH provides cancer services which are dedicated to providing high quality, rapid and comparable cancer services across the UK. The Palliative Care Department is based at Hillingdon Hospital and in the community. A team of specialist nurses, doctors and other healthcare professionals provide palliative care and symptom and pain control for patients with cancer and life-limiting illnesses. The service is linked to the Michael Sobell House Palliative Care Unit at Mount Vernon Hospital and Harlington Hospice.

In June 2018, MSH published a statement advising it had moved hospice patients into two wards operated by ENH at Mount Vernon Hospital. THH maintains that the move was incorrectly reported as being necessary because of 'structural problems' at Michael Sobell House. A historic structural issue in the building had been fully addressed in 2017 when the whole building had been underpinned. THH owns the building, acting as a landlord, and claimed that it had not been advised of further structural issues by any organisation.

WITNESSES

Representatives from the following organisations have been invited to attend the meeting to answer questions from Members:

- Michael Sobell Hospice Charity

- The Hillingdon Hospitals NHS Foundation Trust
- East and North Hertfordshire NHS Trust
- Hillingdon Clinical Commissioning Group
- Healthwatch Hillingdon
- Harlington Hospice