

HEALTH AND WELLBEING BOARD

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END OF LIFE STRATEGY FOR ADULTS

Report from: Stuart Jeffery, Chief Operating Officer, Medway CCG

Author: Alexandra Lee, Project Manager Medway CCG

Summary

The purpose of this paper is to share the Medway End of Life Care Strategy for Adults with the Health and Wellbeing Board. This sets out the vision for end of life care for the next three years (2017 to 2020) and has been agreed at both the Clinical Commissioning Group (CCG) Commissioning Committee and Governing Body meetings in September 2017.

1. Budget and Policy Framework

- 1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.
- 1.2 The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 22.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

- 2.1 End of life care is care that helps people with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement.
- 2.2 In 2016, Medway Clinical Commissioning Group established an End of Life Programme Board to drive key changes across the health and social care system to deliver improved quality and outcomes, patient experience and value for money. Three workstreams were established with a focus on developing an End of Life Strategy, improving partnership working and organisational processes across the wider economy, and improving communications and engagement with patients, families and their carers.

3. Advice and analysis

- 3.1 The analysis and engagement undertaken to develop this strategy identifies that there are already a good range of end of life care services within Medway however; it also identifies variation in availability and understanding of services from both the public and health care professionals' perspective. It is clear that there is not a universal offer of end of life care to all patients.
- 3.2 The analysis has identified key issues and gaps which need to be addressed to ensure that services and outcomes reflect the needs of the local population.
- 3.3 The National Audit Office's report on end of life care suggests that approximately 40% of patients dying in acute hospitals do not have medical needs requiring hospital stay. In addition, the National End of Life Care Strategy indicates that the majority of people would prefer to die at home. Yet in Medway the proportion of all deaths in hospital (Hospital deaths include deaths in Community Hospital) has risen steadily from 44.7% in 2011/12 to 48.2% in 2015/16 compared with the national average which has decreased over the same period to 47.0% in 2015/16.
- 3.4 The NHS has a clear mandate from the Government to take action to improve end of life care, and that begins with a conversation about what 'good' looks like. Discussions with our local stakeholders including patients, carers, health and social care professionals, GPs and commissioners have helped us to define locally our overarching vision and the key priorities. Providing the opportunity of a good death lies at the heart of this document; by working collaboratively with our stakeholders our vision is -

To ensure that everyone approaching their end of life receives consistent and high quality care. We want to make the last stage of life as good as possible with everyone working together to ensure that patients and the people who are important to them (including carers) are supported. We want to support people to die in a place of their choice with the support they, their families and carers need to allow that to happen.

- 3.5 Five key priorities have been developed to deliver our local vision within this strategy, each includes associated implementation activities:
- Ensure professionals are supported to provide care.
 - Developing a new model of care to deliver high quality services to support patient choice.
 - Developing and improving systems to support consistent, efficient and effective care.
 - Ensuring patients, carers and families feel supported. This includes alignment with the Medway Social Isolation Strategy and Action plan (2014-18) for those that might be vulnerable and at risk of social isolation following the death of a loved one.
 - To promote local awareness of death, dying and bereavement.
- 3.6 The strategy has been developed jointly with Swale Clinical Commissioning Group to ensure consistency in approach as both Swale and Medway's local Acute Trust is Medway NHS Foundation Trust (MFT). Specialist palliative care services are commissioned by both CCGs in the community through Medway Community Healthcare (MCH). In addition to this, both Medway and Kent

County Council have been integral to the development of this strategy via workstream meetings as well as a dedicated workshop focused on social care.

3.7 In addition to developing this strategy, a significant amount of work has already started to support delivery of key elements within this strategy, some of which are listed below:

- A single advance care plan has been agreed and implemented in July 2017 across the whole system. This is included for information and is attached as an appendix.
- Guidance booklets for patients and carers have now been rolled out to community nursing teams. Both booklets are included for information and are attached as an appendix.
- A successful Dying Matters campaign was achieved through events, radio and local media coverage during the week of 8th May 2017.
- A paper was agreed by the Commissioning Committee in July 2017 to inform them that Medway CCG has the opportunity to work with a production company who perform an end of life comedy play called 'God's waiting room'. This will help to increase awareness within Medway through promoting end of life care using consistent messages and engaging with the local community to improve public awareness and the importance of discussing death and dying. Two performances of the play took place on 9th and 16th October 2017 at The Brook theatre in Chatham.
- Two workshops took place on 10th October to look at new models of care for end of life, one was attended by health and social care professionals and second was with the members of the Voluntary, Community and Social Enterprise Health Network.

3.8 In addition to the above, work/discussions have already started to -

- Make improvements to the electronic palliative care register and processes known locally as 'My Wishes',
- Avoid hospital admission through a direct pathway to the hospice for ambulance crews,
- Further workshops are to follow the one held on 10th October including public engagement sessions to gain views of the patients and carers experiencing end of life care in Medway.

4. Risk management

4.1 The commissioning team has a risk register which is managed in line with the CCGs Integrated Risk Management Strategy. All risks are reviewed by the team monthly and form part of the risk register reviewed monthly by the CCGs Commissioning Committee.

5. Engagement

5.1 In addition to some of the engagement detailed above, although not exhaustive, listed below are some examples of engagement activities undertaken as part of the development of this strategy.

- Workstream 1 consisted of informed individuals and carers that represented local clinical and domiciliary care providers, social care, voluntary services and patient representatives. This group influenced the strategy to ensure patients and carers are continually supported and this is now one of the five priorities. They are also the champions of the local Dying Matters campaign and produced the patient and carers booklets.
- Dying Matters event was held in May 2017 which was attended by local clinical providers, social care, patient representatives and public members. All attendees were involved in reviewing the strategy content, drafts of the Advanced Care Plan, and booklets, a large amount of feedback was received and helped to shape each.
- Attended the Learning Alliance for Palliative and End of Life Care Services conferences' to gain feedback on the developing priorities of the strategy. The first conference for local Black, Asian and minority ethnic groups was in April 2017 and the second for local Eastern Europeans, Romany and Traveller Communities was in September 2017. Key issues discussed within the conferences were used to influence the strategy content and future engagement.
- Kent and Medway Cancer Collaborative members and patient and carers of the Wisdom Day Hospice have been key in the development of the patient and carers end of life booklets by providing in depth feedback on the content.

6. Financial implications

6.1 There are no financial implications arising from this report.

7. Legal implications

7.1 HWBs are committees of the Local Authority, with non-executive functions, constituted under the Local Authority 1972 Act, and are subject to local authority scrutiny arrangements.

7.2 There are no direct legal implications arising to Medway from the recommendations set out in this report.

8. Recommendations

8.1 Medway CCG asks the Board to offer its support to the Medway End of Life Care Strategy for Adults.

Lead officer contact

Sharease Gibson, Senior Programme Manager,
NHS Medway Clinical Commissioning Group
Telephone: 01634 335154 Email: Sharease.Gibson@nhs.net

Appendices

Appendix 1- 2017 to 2020 Medway End of Life Strategy for Adults
Appendix 2- My Wishes Advance Care Plan
Appendix 3- End of Life - A Guide for Carers and Families
Appendix 4- End of Life – A Guide for Patients

Background Papers

None.