

WOLVERHAMPTON CCG
GOVERNING BODY 12TH JULY 2016
Agenda item 13

Title of Report:	End of Life/Palliative Care Strategy
Report of:	Jeff Love
Contact:	Jeff Love
Integrated Care Programme Board Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide Governing Body with a timetable for the development and approval of health & Social Care economy-wide strategy for End Of Life care in Wolverhampton together with the principles underpinning the strategy and an update on progress.
Public or Private:	Public
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	The strategy covers the delivery of key components of end of life / palliative care including acute, community nursing, hospice care and third sector whilst improving service outcomes for patients
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	This strategy will deliver improved quality of support and improved outcomes for patients and carers experiencing end of life and palliative care services
<ul style="list-style-type: none"> • Domain 3: Financial Management 	This strategy is aiming to improve the cost effectiveness and efficiency of EoL care across the whole health and care economy through development of an integrated care pathway
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	This project will lead to the development of an integrated End of Life care pathway co designed by



	<p>all partners.</p> <p>The component parts will build on some of the Strategic developments taking place under the BCF</p> <p>In the short term, the strategy will inform the development and roll out of advanced care planning and support the development of Primary care in the early identification of those people nearing the end of their life.</p>
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. To ensure delivery with the CCG priorities of care and the priorities of the Joint Health & Wellbeing Strategy, there is a need for a jointly developed, integrated health and care strategy for End of Life care in Wolverhampton. An early draft strategic approach was agreed through Commissioning Committee in 2014. Since then further policy and guidance has been published by a range of advisory bodies that needs to be taken into account.
- 1.2. The CCG is currently working with a wide range of partners to develop a comprehensive, co-produced strategy to deliver a whole pathway approach for people approaching the end of life. The strategy identifies how pathways need to be developed and how service providers need to coordinate their activities to ensure that the people of Wolverhampton receive the best possible care and support as they reach the end of their lives.
- 1.3. The strategy also addresses the needs of carers and details the importance of ensuring those needs are assessed and addressed to enable them to effectively undertake their caring role and also maintain a good quality of life themselves..

2. MAIN BODY OF REPORT

- 2.1. The development of the strategy and of the plan for its implementation is being managed through steering groups (one focusing on strategic issues and one on operational issues) with representation in both groups from the key partners in commissioning and delivery of end of life and palliative care, and includes a clear focus on engagement with patients, service users, carers and families and the wider public to make sure their views are recognised, considered and represented throughout the strategy.
- 2.2. The co production of the Strategy with all partners ensures support for both the principles and practice the strategy and implementation plan set out.
- 2.3. The timetable for development and approval of the strategy document is as follows :
 - July 2016 - Draft Strategy to CCG Integrated Care Programme Board
 - August 2016 – Consultation Draft circulated to Health and Wellbeing Board members
 - Final Draft Strategy agreed by Strategy Steering Group
 - September 2016 – Final Draft Strategy to CCG Integrated Care Board



October 2016 – Final Draft agreed by CCG Governing Body and by Wolverhampton Health and Wellbeing Board

- 2.4. A detailed implementation plan including any proposals for service redesign, commissioning and decommissioning will be developed and agreed in conjunction with the strategy document. Decisions can then be taken on how services will be commissioned and an appropriate timetable developed.
- 2.5. The Strategy has adopted the definition of term “approaching the end of life” that is used in “One Chance to Get it Right”¹ :

“ Patients are ‘approaching the end of life’ when they are likely to die within the next 12 months. This includes patients whose death is imminent (expected within a few hours or days) and those with:
 - a) advanced, progressive, incurable conditions;*
 - b) general frailty and co-existing conditions that mean they are expected to die within 12 months;*
 - c) existing conditions if they are at risk of dying from a sudden acute crisis in their condition;*
 - d) life-threatening acute conditions caused by sudden catastrophic events.”*
- 2.6. The Strategy will also recommend the earliest possible implementation of advanced care planning for end of life care for people with life-limiting long term conditions where the expectation of life is longer than 12 months.
- 2.7. The model proposed for end of life care in Wolverhampton places the person and those closest to them, firmly in the centre. There are a number of key issues that need to be addressed to improve End of Life care in Wolverhampton, not least, the earlier identification of those approaching end of life to ensure that they have the opportunity and are empowered to plan, how their future needs will be met. The support and care they receive will be coordinated, and information about their choices, preferences and needs will be shared through a shared record across all the agencies involved.

3. CLINICAL VIEW

- 3.1. Clinical input into the strategy is being provided through the Steering Groups, both chaired by Dr Manny Samra, a local Macmillan GP. The Steering Groups also include a number of clinicians and health and care professionals from partner agencies involved in the provision of End of Life care including a Consultant in Palliative medicine.
- 3.2. Further clinical scrutiny will be provided by the CCG Clinical Reference Group as and when required.

¹ One Chance to Get it Right - Leadership Alliance for the Care of Dying People, June 2014



4. PATIENT AND PUBLIC VIEW

- 4.1. The views of patients, carers and families and the public are being obtained through a number of initiatives. These include questionnaires, focus groups and one to one communication.

RISKS AND IMPLICATIONS

Key Risks

- 4.2. No immediate risks have been identified to date – any specific risks associated with service redesign or decommissioning will be identified and evaluated as the strategy work progresses.

Financial and Resource Implications

- 4.3. There are no immediate financial and resource implications for this strategy, the implementation planning process will identify and report these to the relevant Programme Board at the time the Strategy is agreed.

Quality and Safety Implications

- 4.4. The development of a whole pathway strategy for end of life care will support improved quality of care for patients. The CCG's Quality team are directly involved in the Steering Groups and will identify any key issues to be addressed as the work progresses.

Equality Implications

- 4.5. A full equality impact assessment will be carried out as part of the work of developing the strategy. The recent CQC Report "A Different Ending²" will inform part of this work.
The City of Wolverhampton has a very diverse population with a wide range of cultural differences.³ These will be addressed within the Strategy.

Medicines Management Implications

- 4.6. No specific issues for medicines management have been identified at this stage.

² A Different Ending – Addressing Inequalities in End of Life Care – Care Quality Commission, May 2016

³ Hiding Who I am – The Reality of End of Life Care for LGBT People, Marie Curie, June 2016



Legal and Policy Implications

4.7. No specific legal and policy implications have been identified at this stage.

5. RECOMMENDATIONS

- **Receive** and **discuss** this report.
- **Approve** the Timetable set out at 2.3 above

Jeff Love
Development Manager
Date: 30th June 2016

ATTACHED:

RELEVANT BACKGROUND PAPERS

Commissioning Person-Centred End of Life Care –NHS England - Updated April 2016

Actions for End of Life Care - NHS England November 2014

Care of dying adults in the last days of life – NICE guideline December 2015

Understanding patterns of health and social care at the end of life – Nuffield Trust 2012

One Chance to Get it Right - Leadership Alliance for the Care of Dying People June 2014

What's Important to Me - The Choice in End of Life Care Programme Board February 2015

End of Life Care Audit – Dying in Hospital - Healthcare Quality Improvement Partnership (HQIP) March 2016

A Different Ending – CQC May 2016

“Hiding who I am” – Marie Curie May 2016



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	Dr Manny Samra	
Public/ Patient View	Lesley Fellows	
Finance Implications discussed with Finance Team	Not applicable at this point	
Quality Implications discussed with Quality and Risk Team	Molly Henriques-Dillon	
Medicines Management Implications discussed with Medicines Management team	Not applicable at this point	
Equality Implications discussed with CSU Equality and Inclusion Service	To be carried out in July 2016	
Information Governance implications discussed with IG Support Officer	Not applicable at this point	
Legal/ Policy implications discussed with Corporate Operations Manager	Not applicable at this point	
Signed off by Report Owner (Must be completed)		

