

WOLVERHAMPTON CCG

GOVERNING BODY 22nd OCTOBER 2016

Agenda item 7

Title of Report:	End of Life/Palliative Care Strategy
Report of:	Karen Evans
Contact:	Karen Evans
Integrated Care Programme Board Action Required:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
Purpose of Report:	To ask the Governing body to approve the Wolverhampton End of Life care Strategy.
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 ensures the delivery of key components of end of life / palliative care across the whole pathway, ensuring a focus on person centred coordinated care.
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	This strategy will include a robust outcomes framework that focuses on 4 domains, improving patient/carer experience, clinical effectiveness, integrated care and holistic care planning.
<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, responsive care pathway
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	<p>This strategy will ensure the development of an integrated End of Life care pathway co designed by all partners.</p> <p>In the short term we will pilot and embed Advance</p>



	Care Planning to ensure the delivery of integrated, person centred care and in the long term develop and embed an electronic shared care record across all providers of care to support care coordination.
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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 the DH and a range of advisory bodies that needs to be noted and implemented.
- 1.2. The CCG has worked 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.
- 1.4. Children transitioning into adult services are also covered in the strategy. Providers need to ensure that children and their families are supported and enabled to undertake a smooth transition from children's to adult's services.

2. MAIN BODY OF REPORT

- 2.1. The development of the strategy and of the plan for its implementation is being managed through a Strategic steering group with representation 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. A detailed implementation plan including any proposals for service redesign, commissioning and decommissioning has been 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.
- 2.4. The Strategy has adopted the definition of term "approaching the end of life" that is used in "One Chance to Get it Right"¹ :

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



“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:

- *advanced, progressive, incurable conditions;*
- *general frailty and co-existing conditions that mean they are expected to die within 12 months;*
- *existing conditions if they are at risk of dying from a sudden acute crisis in their condition;*
- *life-threatening acute conditions caused by sudden catastrophic events.”*

- 2.5. The Strategy also recommends the earliest possible implementation of Advance Care Planning for end of life care for people with life-limiting long term conditions and a document will be piloted this year with a view to fully roll this out by April next year.
- 2.6. The model proposed for end of life care in Wolverhampton places the person and those closest to them, firmly in the centre.
- 2.7. There are a number of key issues that need to be addressed to improve delivery of 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 the development and implementation of an electronic shared record across all the agencies involved.

3. CLINICAL VIEW

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

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.
- 4.2. The patients voice is also being represented by a member of Healthwatch



RISKS AND IMPLICATIONS

Key Risks

- 4.3. 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

- 4.4. 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

- 4.5. The development of a whole pathway strategy for end of life care will deliver improved quality of care for patients. The CCG's Quality team are directly involved in the Steering Group and will identify any key issues to be addressed as the work progresses.
- 4.6. A full quality impact assessment has been undertaken.

Equality Implications

- 4.7. A full equality impact assessment has been undertaken. 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

- 4.8. No specific issues for medicines management have been identified at this stage.
- 4.9. The Strategy includes the requirement for anticipatory medication to be available in a timely manner for those approaching the end of their lives to provide optimum symptom control.

Legal and Policy Implications

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

5. RECOMMENDATIONS

- **Receive** and **discuss** this report.
- **Approve** the End of Life care Strategy and timeline.

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



Karen Evans
Solutions & Development Manager
Date: 13th September 2016

ATTACHED: Wolverhampton End of Life care Strategy, population profile and timeline.



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/ Tracy Cresswell (Healthwatch)	
Finance Implications discussed with Finance Team	Not applicable at this point	
Quality Implications discussed with Quality and Risk Team	Molly Henriques- Dillon QIA submitted August 2016	
Medicines Management Implications discussed with Medicines Management team	David Birch	
Equality Implications discussed with CSU Equality and Inclusion Service	Submitted in August 2016	
Information Governance implications discussed with IG Support Officer	PIA submitted August 2016	
Legal/ Policy implications discussed with Corporate Operations Manager	Not applicable at this point	
Signed off by Report Owner (Must be completed)	Karen Evans	13.09.16

