

Subject: Delivery of Wiltshire's End of Life Care Strategy for Adults

Executive Summary

Wiltshire's End of Life Care Strategy for Adults (2017-2020) sets out the local vision for end of life care that is focused on delivering personalised and well-co-ordinated care, which empowers patients to make informed choices about their needs. This vision is achieved through a community approach that integrates clinical, psychological, spiritual and social efforts in recognition that death, dying, loss and care take place in everyday life.

An implementation plan (Appendix 1), developed with stakeholders and the public, is in place to support the delivery of this strategy. This plan sets out to embed the recommendations of the National Palliative and End of Life Care Partnership Ambitions Framework through:

1. Personalised care planning
2. Shared records
3. Evidence and information
4. Involving and supporting carers
5. Education and training
6. 24/7 access
7. Informing co-design of services
8. Leadership

The delivery against the implementation plan is monitored through the Wiltshire End of Life Care Programme Board. The Board continues to make the best use of collaborative arrangements between statutory, community and voluntary sector agencies and local and regional strategic planning. Partnership working is fundamental to delivering improvements in end of life care across Wiltshire.

This paper provides an update on the progress made to date against the delivery of Wiltshire's End of Life Care Strategy for Adults. The paper also outlines next steps concerning strategy development.

Proposal(s)

It is recommended that the Board:

- i) Note the progress made to date against the delivery of Wiltshire's End of Life Care Strategy for Adults.
- ii) Consider the key priorities for the next strategy.
- iii) Note the ambitions of working at scale across BaNES, Swindon and Wiltshire (BSW) to develop the next three year strategy.

Reason for Proposal

To provide the Health and Wellbeing Board with the opportunity to discuss the progress made against the delivery of Wiltshire's End of Life Care Strategy for Adults, the priorities going forward and next steps.

Presenter name: Ted Wilson

**Title: Community and Joint Commissioning Director and Group Director –
New & East Wiltshire Group**

Organisation: Wiltshire Clinical Commissioning Group

Subject: Delivery of Wiltshire's End of Life Care Strategy for Adults

Purpose of Report

1. To provide an update on the delivery of Wiltshire's End of Life Care Strategy for Adults to the Health and Wellbeing Board.

Background

2. End of life care has been a key area of focus for Wiltshire CCG and Wiltshire Council. A joint strategy was first published in 2014 and since this time significant progress has been made through working collaboratively with providers to develop a range of care and support services.

National and local guidelines and policies, best practice models, patient feedback and insights from health and social care professionals influenced the development of the current strategy. The key objectives of the strategy are to embed the recommendations from the National Palliative and End of Life Care Partnership Ambitions Framework, which builds on the 2008 Department of Health Strategy for End of Life Care.

As outlined in the Strategy, the continuing key priorities are:

- For individuals to be able to access appropriate high quality care at all times, to include access to information, education and support to inform decision making and choice relating to end of life care;
- To provide improved patient, carer and family centred care;
- To develop a community approach to end of life care with flexibility of services;
- To ensure individuals are empowered to plan for their end of life care;
- To ensure all providers competent in delivering high quality end of life care;
- To support the people of Wiltshire to be cared for and die in their preferred place of care.

Although significant progress has been made in recent years to improve the care and support of individuals who are approaching the end of life and their carers; there are still important areas for development. With this in mind, the implementation plan sets out to embed the 'ambitions' recommendations through:

1. Personalised care planning
2. Shared Records
3. Evidence and information
4. Involving and supporting carers
5. Education and training
6. 24/7 Access

7. Informing Co-design of services
8. Leadership

Continuing to learn and enhance work in a joined-up manner across health, social care and the voluntary sector is fundamental to our approach. In an environment where funding is constrained, we have made best use of available resources to deliver on our priorities and obtain value for money.

Main Considerations

3. Progress against the delivery of Wiltshire's End of Life Care Strategy for Adults, and the embedding of the 'ambition' recommendations, is captured within the implementation plan (see Appendix 1).

Developments of particular note, contributing to the overall delivery of the strategy, include:

Personalised Care Planning

Following the successful implementation of the Treatment Escalation Plan (TEP) form across the system, further discussions have taken place with regard to the adoption of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) in Wiltshire and the wider BaNES, Swindon and Wiltshire (BSW) footprint. A ReSPECT Steering group took place in February 2019 to discuss the merits of moving from TEP to ReSPECT.

A decision was taken by the Wiltshire End of Life Care Programme Board to progress this development once a revised version of the ReSPECT form is published by the Academic Health Science Network later this year. This decision was informed by considerations around:

- Anticipated improvements to the existing form, based on clinical feedback, which informed the decision to revise version two;
- Awaiting evidence / data to demonstrate the impact of implementing ReSPECT;
- Training requirement and roll out.

Shared Records

The Wiltshire Interoperability Board has purchased software to enable record sharing between systems. End of life care has been proposed as one of the work streams in focus for the 'Black Pear' software project. The same software is also being used in Swindon and Somerset.

The software will create an Electronic Palliative Care Co-ordination System (EPaCCS) digital shared care record, which will enable the recording and sharing of end of life care preferences with those who need to access them across multiple organisations. The software is integrated with EMIS and SystemOne in Primary and Community care services.

The Project Manager for the 'Black Pear' project gave a presentation on its development to the Wiltshire End of Life Care Programme Board in June. A

pilot of the software is due to go live in July, which will include the rollout of the software to GP Practices and Wiltshire Health & Care community nursing and therapy teams in the North Wiltshire border. The pilot will run for 6 weeks where after a review will be undertaken.

24/7 access

A project is underway to develop a new service 'Fast Track Hospice at Home'. The aim of this service is to enable patients to live as independently as possible and identify individual outcomes in relation to end of life care.

Hospices will receive fast track referrals agreed by the Continuing Healthcare (CHC) team and be required to put a community package of care in place in line with CHC Fast Track service requirements. The service will support advanced care planning and support patients to die in their preferred place of death. A meeting will be taking place with stakeholders in July to review the service specification. Mobilisation is anticipated to start by 01 October 2019 and be fully optimised by March 2020.

Next Steps

4. The Wiltshire End of Life Care Programme Board reviewed progress against the delivery of the strategy at the June meeting. An exercise was undertaken to identify existing developments that are contributing to the delivery of the strategy. In addition, members of the board were asked to identify new initiatives for consideration as future work streams. Initial suggestions include:

- Increase end of life care discussions in acute and community settings
- Map gaps in end of life care provision across Wiltshire

The September Wiltshire End of Life Care Programme Board will be used to review the new initiatives that are identified to consider how these can further support the delivery of Wiltshire's strategy.

The Board will also consider its approach to end of life care going forward. Consideration will be given to a system wide approach; working at scale across the BaNES, Swindon and Wiltshire (BSW) footprint. Adopting this approach will support collaborative working between the three respective Clinical Commissioning Groups and the direction set by the emerging BSW Commissioning Alliance. Realisation of this ambition will also inform the development of our current strategy with the opportunity to establish an End of Life Care strategy across BSW. Any specific locality issues will be incorporated.

Presenter name: Ted Wilson

Title: Community and Joint Commissioning Director and Group Director – New & East Wiltshire Group

Organisation: Wiltshire Clinical Commissioning Group

Report Authors: Hannah Massey

Title: Service Redesign Lead

Organisation: Wiltshire Clinical Commissioning Group

Appendix 1: Implementation Plan to support delivery of End of Life Care for Adults in Wiltshire: 2017-2020

Foundation	Outputs and Outcomes associated with the Foundation	Planned Action	Responsible	Date to be achieved	Progress to date
Personalised Care Planning	<p>All individuals considered to be in the last year of life, will have an opportunity for informed discussion and planning for End of Life Care (EoLC) involving those important to them.</p> <p>Advance Care Plans (ACP) and Treatment Escalation Plans (TEP) will allow individuals to express their preferences for care, set personal goals, and consider appointing a Lasting Power of Attorney.</p>	<p>Each local provider will develop a plan to support the implementation of ACP's and TEP's. This should include training for relevant staff groups (GPs, care home staff, community nurses, hospital staff and other professionals).</p> <p>The training will ensure that staff have the necessary knowledge and competence to use these forms in their daily practice.</p>	<ul style="list-style-type: none"> All EoLC Providers Commissioning Leads 	March 2020	<ul style="list-style-type: none"> ACP/TEP care home training available in 2016. Additional training sessions to be made available during 2017/18. ACP used by Community Teams. TEP has a STP footprint. Project underway to roll out an integrated Comprehensive Geriatric Assessment (CGA) across care homes, community and Acute Trusts over the coming year. EoLC planning will form part of the CGA. The CaTHERDRAL project will cover the whole of Wiltshire and is care home focused. Training in care homes and in primary care, to support the frailty, falls and NEWS (deteriorating patient) training elements. Discussions have commenced in Wiltshire and the wider STP footprint in relation to ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). ReSPECT Steering Group took place in February 19 to discuss the merits of moving from TEP to ReSPECT. Wiltshire EoLC programme board decision to progress once the revised version is published later this year.
Shared Records	<p>The ACP and TEP will be available to the individual, their carer and all services involved in care delivery. Locally this also refers to sharing access to SystemOne (also known as EPaCCs). Where records are shared individuals are more likely to have well-coordinated care and are more likely to have their EoLC preferences met.</p>	<p>A robust and clinically safe implementation plan for EPaCCs will continue through the Wiltshire Interoperability Programme. The plan will include appropriate education and training for all relevant staff groups and will secure full collaboration from providers across Wiltshire.</p>	<ul style="list-style-type: none"> Wiltshire Interoperability Board 	March 2019	<ul style="list-style-type: none"> Adult Community Services, 50 GP practices, Out of Hours services, all using SystemOne. A SystemOne EoLC template has been developed and is available on ARDENS. Wiltshire Interoperability Board commenced 2016. Key objectives include facilitating information sharing across health and between health and social care via SystemOne and the national Enriched Summary Care Record. Wiltshire Interoperability board has purchased software to enable record sharing between systems. EoLC is identified as one of the workstreams in focus for the 'Black Pear' software project. Software Pilot due to go live in July to GP Practices and Wiltshire Health & Care teams in the North Wiltshire Border.
Evidence and information	<p>Service providers will participate in an agreed range of metrics to collect robust anonymous data, to support quality improvement.</p> <p>As a consequence, more comparable information will be available about local services and about the individuals who are accessing the services (and by default information about who are not accessing services). Local health and social care commissioners and providers will sensitively collect and use a wide range of information, including seeking feedback from service users.</p>	<p>There are a range of voluntary national audits and surveys that need to be considered with a view to local organisations contributing data.</p> <p>The CCG will complete the EoL Self-assessment tool to share with EoL Board members to discuss opportunities for improvement which should be adopted locally. The EoLC Commissioner Lead will continue to work with the regional EoLC South West Reference Group to participate in data collection tools.</p>	<ul style="list-style-type: none"> All EoLC Providers CCG EoLC Lead 	March 2020	<ul style="list-style-type: none"> EoLC Providers have revised service specifications, relevant KPI's and metrics (where Wiltshire CCG is the lead commissioner). EoLC Programme Board will present patient stories to evidence patient/family/carers experience of services. EoLC metrics to be included in a dashboard which is in development.

Foundation	Outputs and Outcomes associated with the Foundation	Planned Action	Responsible	Date to be achieved	Progress to date
Involving and supporting carers	<p>The carer will continue to be acknowledged as part of the caring team, as appropriate. Outcomes for carers should include increased health and wellbeing, reduced isolation and involvement in planning their loved one's care.</p> <p>All population groups should experience improved access to support depending on their specific needs.</p>	<p>Carers now meet eligibility criteria for assessment and support if they have needs arising from providing care to another adult, which poses a risk to their own health or wellbeing. This includes support to:</p> <ul style="list-style-type: none"> Carry out their caring responsibilities; Maintain a habitable environment; Develop and maintain relationships. 	<ul style="list-style-type: none"> Social Care EoLC Lead 	March 2020	<ul style="list-style-type: none"> Carers EoLC information available through 'Your Care, Your Support' website: https://www.yourcareyoursupportwiltshire.org.uk/home/ A Carers handbook is in development and will include hard copy information on EoLC services/organisations in Wiltshire. Carers handbook is now available in web-based and hard copy format. Carers in Wiltshire Joint Strategy (2017-2022) available.
Education and training	<p>Every professional will be competent to play their part in the delivery of good EoLC. Local commissioners and providers will seek the support of and use existing training opportunities and develop new training programmes (as appropriate).</p>	<p>Core system-wide training to be provided to different staff groups and defined by the EoLC Programme Board. The providers will then consider how they will deliver this training. This work needs to link into wider workforce development planning processes.</p>	<ul style="list-style-type: none"> EoLC Programme Board All EoLC Providers 	March 2019	<ul style="list-style-type: none"> Each EoLC Provider has internal EoL Training to include statutory training. EoLC Providers leading with accreditation schemes. Training remains ongoing through EoLC Providers.
24/7 Access	<p>Every patient will have access to 24/7 services responsive to their needs; this is a system-wide expectation.</p> <p>Patients and their carers should receive more timely access to services, symptoms should be better controlled and unwarranted hospital admissions should be avoided.</p>	<p>Commissioners will, working with their partners, review 24/7 access and develop a plan to address any shortfalls. The approach and format of this plan will be consistent with the wider strategic approaches being adopted by WCCG. The plan will be expected to demonstrate the extent to which there is equity of provision on a 24/7 basis and the extent to which the provision meets demand. The plan should include access to:</p> <ul style="list-style-type: none"> Community nursing Medication Specialist palliative care Equipment Carer support Access to non-acute beds 	<ul style="list-style-type: none"> All EoLC Providers CCG EoLC Lead 	March 2020	<ul style="list-style-type: none"> All three hospices in Wiltshire (Dorothy House, Prospect House and Salisbury Hospice) provide Hospice at Home services. Dorothy House deliver an Enhanced Discharge Service through Better Care Fund/CCG funds. All three hospices provide 24/7 advice lines. Medvivo deliver an Urgent Care at Home Service which includes care for palliative patients. Community equipment is available out of hours through the Integrated Community Equipment Support Service (ICESS). Service specification to include rapid delivery slots for palliative patients in new ICES contract (commencing September 2019). New service in development – Fast Track Hospice at Home. The aim is to enable patients to live as independently as possible and identify individual outcomes in relation to end of life. Service will support patients to die in their preferred place of death.
Informing co-design of services	<p>Commissioners and providers will involve and seek feedback of those with personal or professional experience of EoLC to inform plans. All health and social care systems will involve people who have personal experience of death, dying and bereavement.</p> <p>Through this process services should be more reflective of service user needs and be more easily accessed.</p>	<p>All providers and commissioners will provide evidence that the local population, professionals and other stakeholders have been involved in planning processes as appropriate.</p>	<ul style="list-style-type: none"> All EoLC Providers CCG EoLC Lead Social Care EoLC Lead 	March 2020	<ul style="list-style-type: none"> EoLC Providers and patients engaged during the development of the Wiltshire EoL Strategy Healthwatch completed an evaluation of the 72Hour Service, Better Care Fund pilot schemes to support a change in the models pathway to Enhanced Discharge Service, provided by Dorothy House Hospice Each EoLC Provider has networks / forums in place for opportunity to provide feedback on their services Network engagement continues through EoLC Providers.
Leadership	<p>WCCG and WC will create the circumstances necessary for action to improve EoLC. They will further develop plans to support cross-organisational leadership and collaborative</p>	<p>EoLC will remain a CCG priority.</p> <p>There should be consideration of the need for an annual EoLC forum, enabling all</p>	<ul style="list-style-type: none"> All EoLC Providers CCG EoLC Lead Social Care EoLC Lead 	September 2018	<ul style="list-style-type: none"> TEP has an STP wide footprint Principle of an EoLC STP summit agreed by CCG's and supported by Wiltshire's EoLC Programme Board. Provider Strategic Partnership commenced to progress with

Foundation	Outputs and Outcomes associated with the Foundation	Planned Action	Responsible	Date to be achieved	Progress to date
	<p>commissioning with the expectation of continued integration of EoLC providers.</p> <p>Commissioners and providers will ensure that clinical leadership for EoLC is at the heart of individual provider organisations.</p> <p>The role of programmes to promote public discussion of dying, death and bereavement (e.g. compassionate communities) will continue for local implementation.</p>	<p>relevant partners to share emerging plans and identify opportunities for system-wide working.</p> <p>All organisations will confirm to the EoL Board that they have an executive lead and a named clinical lead for EoLC. These individuals will be accountable for the plans and processes related to EoLC within their organisation.</p>			<p>practicalities of delivering strategy</p> <ul style="list-style-type: none"> • Discussions have commenced in Wiltshire and the wider STP footprint in relation to ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). • Regular updates between BSW Commissioners. • STP Older Peoples Programme has identified ReSPECT and Comprehensive Geriatric Assessments as priority topics. CCG EoLC Lead engaged in the Older Peoples programme.