Wiltshire Council

Health and Wellbeing Board

20 November 2014

Subject: End of Life Care

Executive Summary

To report to the Health and Wellbeing Board progress of the multi-agency Wiltshire End of Life Programme Board, which is working to deliver the aims of the End of Life Care strategy. This will include an update on the development of a Joint Strategic Assessment (JSA) on End of Life Care.

The aim of this work stream is to ensure the patient and their family or other informal carer receive the care and support that meets their identified needs and preferences through the delivery of high quality, timely, effective individualised services and that respect and dignity are preserved both during and after the patient's life.

A dedicated multi-disciplinary programme has been developed and work streams are moving towards implementation.

Proposal(s)

It is recommended that the Board:

i. Receives the update on the End of Life programme and implementation progress
ii. Receives the Joint Strategic Assessment (JSA) and provides any comments on the draft document

Reason for Paper

To update the Health and Well Being Board on progress on:

- Development of the End of Life programme, agreed implementation and deliverability to date
- Development of an End of Life JSA

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Wiltshire CCG

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Purpose of Report

1. To provide a further update on the multi-agency Wiltshire End of Life (EoL) Programme and the deliverability of the work streams to date. The paper also includes the draft Joint Strategic Assessment (JSA), which has been produced by Public Health in consultation with the Programme Board.

Background

2. The key aim of the programme is to develop patient and family centred care that improves patients' and family's experience. Planning and delivering this requires the involvement of a wide range of agencies and the membership of the Programme Board and the associated working groups reflects this. There are presently in excess of 20 organisations and interest groups in the programme's work and this membership is under continual review. A list of these feature in **Appendix 1**. In working towards the aim of improving the experience of care, the following objectives have been identified:
   - To ensure that individuals can access appropriate high quality care at all times. To deliver this we will need to ensure that all providers are skilled and competent in delivering high quality EOL care services. Services will need to be effective and efficient and this will need to include cost effectiveness.
   - To reduce inappropriate transfers of care from all settings
   - That people are empowered to plan their care and supported to die in their preferred place of care
   - That patients and families have choices and feel informed about them
   - That services are flexible and there are equitable services for those with dementia

Main Considerations

<u>Implementation Update</u>

3. To deliver the key objectives, the Programme Board has targeted its action plan to deliver the following eight key work streams, which were derived from feedback from multi-agency stakeholders:

   1. Needs Assessment – Public Health
   2. Current Service Mapping – CSSU

3. Allowing a Natural Death – (Treatment Escalation Plan and DNACPR)
4. Electronic Patient Care Co-ordination System (EPaCCs)
5. User Experience – Patient's Association
6. CHC Fast Track process review
7. Education
8. Care at Home

Each of these groups now has project management resource provided by the CCG and multi-agency involvement in the groups. A table documenting the recent work streams and planned next action milestones for each project features in **Appendix 2**.

4. The Allowing a Natural Death work stream is nearing completion. A Treatment Escalation Plan (TEP) form has been agreed to ensure a patient's wishes are documented and shared. The aim of this work stream, which is now moving into the implementation stage, is to improve communication across the health economy and prevent repetitive difficult conversations for patients and their families. A copy of the form features in **Appendix 3**.

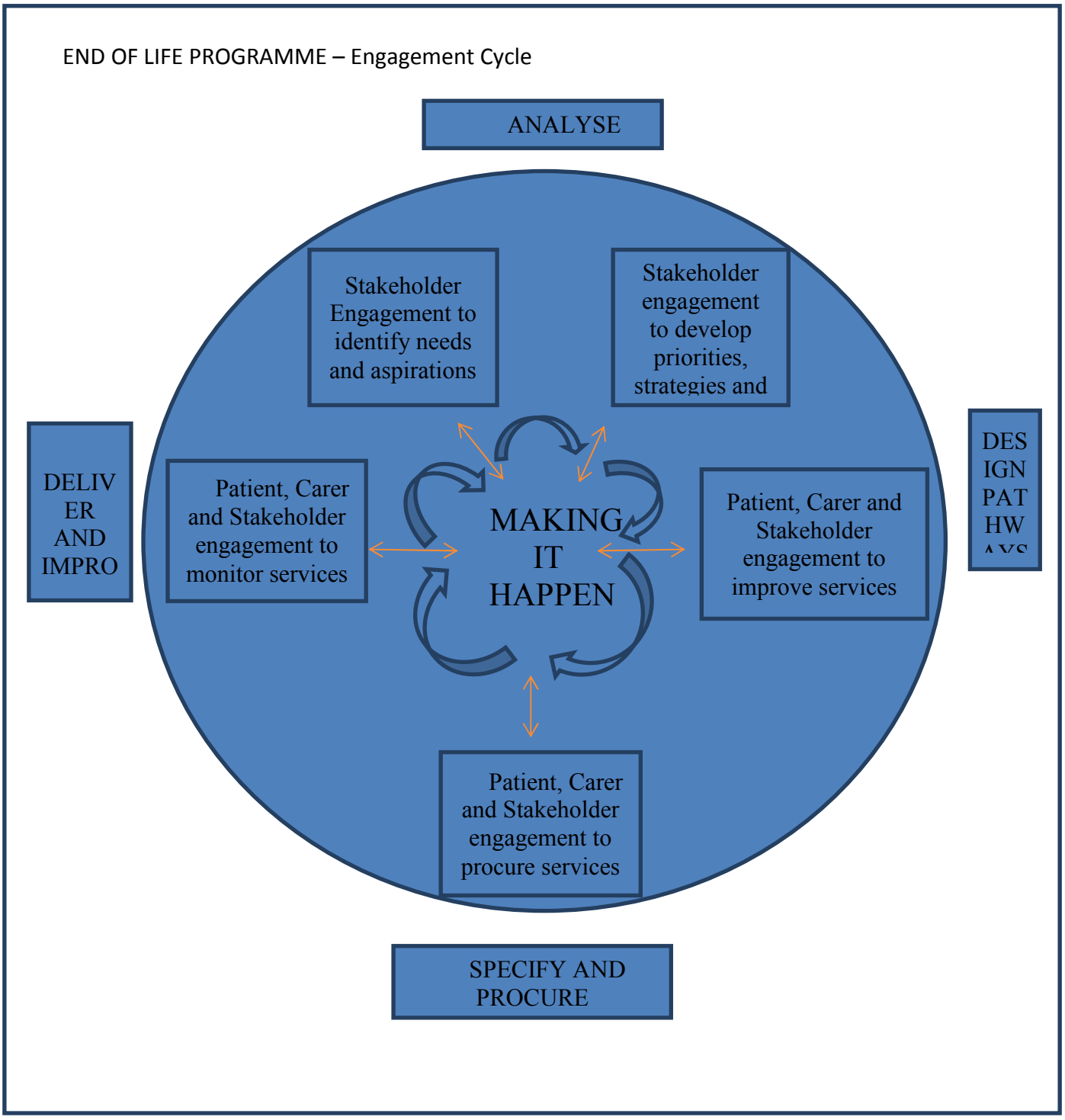
   The group has obtained agreement for roll out from all but one provider, which is being addressed. Bath and North East Somerset CCG also wish to adopt this process, which will create continuity for patients and providers.

5. Public Health is leading the multi-agency development of a Joint Strategic Assessment (JSA). This has now been completed and was discussed at the September End of Life Programme Board. A copy features in **Appendix 4**.

6. An Education Project lead has now been appointed and the project brief defined. Education will be a key umbrella function linking with all project managers. There will be a separate education stream focusing on diagnosis of the terminal phase with care homes, domiciliary workers and night sitting providers.

7. A multi-agency workshop, including service users, has been held to explore what a good death looks like and define the phases of death. The next workshop will be focusing on support to keep those patients who want to remain at home through the declining and dying phases.

8. A draft Communication and Engagement Strategy for the End of Life programme has been developed. This includes a work stream to obtain patient, family and carer feedback on current service provision via the Patient's Association.



Risk Assessment

9 The End of Life Programme has a risk register as part of the project management approach. The key current risks and mitigating actions feature in the table below:

Risk	Mitigating Actions
1. EPaccs – Current system not technically supported leading to risk in event of IT failure	Plans to cease use April 2014 and link with new IT community model
2. Baseline for provision and spend on End of Life Care still not	Escalated at CCG director level

provided by CCSU	
3. Patients transferred inappropriately to acute hospital due to lack of communication between multi-agency providers. Repetitive sensitive discussions around patient's end of life wishes	Revised Treatment Escalation Plan process (TEP) to be introduced Wiltshire wide Improved communication via TEP and Anticipatory Care Plans
4. One provider not signed up to new TEP process and documentation	Escalated to Medical Director and Clinical Chair level for resolution

Financial Implications

10. There are currently no Quality, Innovation, Productivity and Prevention (QIPP) savings target associated with this work programme. However, the vision is to reduce preventable acute hospital admissions for patients who are in the end of life phase. Requirements for care at home provision will be mapped as part of that work stream including financial elements.

Conclusions

11. The multi-agency programme, which was formed from the creation of the End of Life Strategy, is moving towards implementation phase. Work is continuing at pace to ensure the aims and objectives of the programme are met.

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Director of Quality and Patient Safety
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Background Papers
Published documents: End of Life Strategy
The following unpublished documents have been relied on in the preparation of this report: End of Life Communication and Engagement Strategy - Draft

Appendices
Appendix 1 - Stakeholders involved in the End of Life Programme Board and associated work groups
Appendix 2 – Project work streams update - attached
Appendix 3 - Copy of Treatment Escalation Plan (TEP) - attached
Appendix 4 – Copy of Joint Strategic Assessment (JSA) - attached

Appendix 1 - Stakeholders involved in the End of Life Programme Board and associated work groups:

- Patient and carer representatives
- Various GP's from across the county
- Dorothy House Hospice
- Prospect Hospice
- Salisbury Hospice
- Great Western Hospital
- Great Western Community Services
- Royal United Hospital
- Salisbury Foundation Trust
- Wiltshire Council
- Medvivo
- Cruse Bereavement
- Patients Association
- Marie Curie
- Community Team for People with Learning Disabilities
- South Western Ambulance Service
- BaNES CCG
- The Complete Group
- Order of St John's Care Homes
- Somerset Care
- Mi Homecare
- Carers Programme
- Macmillan Cancer Support
- Healthwatch
- Harmoni 111
- Avon and Wiltshire Mental Health Partnership
- Motor Neurone Disease Association

Appendix 2 – Project work streams update - attached
Appendix 3 - Copy of Treatment Escalation Plan (TEP) - attached
Appendix 4 – Copy of Joint Strategic Assessment (JSA) - attached