

# Health and Wellbeing Board

## 19 October 2016

<b>Report title</b>	Wolverhampton Integrated End of Life Care Strategy	
<b>Cabinet member with lead responsibility</b>	Councillor Paul Sweet Public Health and Wellbeing	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Linda Sanders, People Directorate	
<b>Originating service</b>	People Directorate (on behalf of Wolverhampton CCG)	
<b>Accountable employee(s)</b>	Karen Evans	Solutions & Development Manager, Wolverhampton CCG
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<b>Report has been considered by</b>	Wolverhampton CCG Governing Body	11 October 2016

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### Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Receive this strategy for endorsement

## **1.0 Purpose**

- 1.1 The purpose of this report is to inform the Board of the development of an integrated strategy for End of Life Care developed by commissioners and providers across the Wolverhampton health and care economy. This strategy seeks to provide the evidence base for the delivery of a whole pathway approach to End of Life care. The vision of the Strategy is an integrated, person-centred approach to the provision of care and support to people approaching the end of life and those important to them.
- 1.2 This report is being presented to the Board to seek their formal approval of the final version of the Strategy.

## **2.0 Background**

- 2.1 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.
- 2.2 The CCG has worked with a wide range of partners to develop a comprehensive, co-produced strategy that will ensure provision of a whole pathway approach for people approaching the end of life. The strategy identifies how pathways need to be redesigned and how service providers need to coordinate their activities to ensure that the people of Wolverhampton receive the best possible responsive care and support as they reach the end of their lives.
- 2.3 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.
- 2.4 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.
- 2.5 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.
- 2.6 The co production of the Strategy with all partners ensures support for both the principles and practice of the strategy and the implementation plan set out.

2.7 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 contracted/commissioned and an appropriate timetable developed.

2.8 The Strategy has adopted the definition of term “approaching the end of life” that is used in “One Chance to Get it Right” :

*“ 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.”

2.9 The Strategy also recommends the earliest possible implementation of Advance Care Planning for personalised end of life care for people and a newly developed document will be piloted this year with a view to fully roll this out by April next year (based on the evaluation of the pilot).

2.10 The model of care proposed for end of life care in Wolverhampton places the person and those closest to them, firmly in the centre.

2.11 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 with all professionals 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.

#### **4.0 Financial implications**

4.1 No immediate financial and resource implications have been identified. The implementation planning process will identify any such implications and these will be reported through the relevant governance processes.

#### **5.0 Legal implications**

5.1 No immediate legal implications have been identified. The implementation planning process will identify any such implications and these will be reported through the relevant governance processes.

#### **6.0 Equalities implications**

6.1 A full equality impact assessment will be undertaken during the development of the the strategy. The recent CQC Report “A Different Ending” will inform part of this work. The City of Wolverhampton has a very diverse population with a wide range of cultural differences. These will be addressed within the Strategy and its implementation plan.

#### **7.0 Environmental implications**

7.1 There are no known environmental implications.

#### **8.0 Human resources implications**

8.1 No immediate human resources implications have been identified. The implementation planning process will identify any such implications and these will be reported through the relevant governance processes.

#### **9.0 Corporate landlord implications**

9.1 There are no known implications for the City Council’s property portfolio.

#### **10.0 Schedule of background papers**

10.1 The following documents are referred to in the Strategy :

- NHS Five Year Forward View – NHS England, October 2014
- A Commitment to You for End of Life Care – Department of Health, July 2016
- Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 - National Palliative and End of Life Care Partnership, September 2015
- End of Life Care Strategy – Department of Health, July 2008
- Every Moment Counts – National Council for Palliative Care, March 2015
- What’s Important to Me – A review of Choice in End of Life Care - Choice in End of Life Care Programme Board, February 2015
- A Different Ending – Addressing Inequalities in End of Life Care – Care Quality Commission, May 2016