



## 1.0 Introduction

1.1 For the Health Scrutiny Panel to receive an update on the progress to date of the implementation of the Wolverhampton Integrated End of Life Care Strategy.

1.2 The strategy was published in October 2016.

## 2.0 Background

2.1 Wolverhampton's integrated End of Life Care Strategy was published in October 2016 with six key elements:

- Early identification of the dying person to ensure patients are receiving appropriate care
- Advance care planning to facilitate the persons needs and wishes
- Coordinated care to ensure people don't fall through gaps
- Optimum symptom control based on clinical need
- Choice to support preferred place of care and death
- Workforce fit for purpose

2.2 The implementation of each of these elements will ensure that every person approaching end of life will receive person centred, holistic care.

2.3 The Government published its response to the review of choice at end of life '**Our Commitment to you for end of life care**' in July 2016 in which they state:

*"Our commitment to you is that, as you approach the end of life, you should be given the opportunity and support to:*

- *have **honest discussions** about your needs and preferences for your **physical, mental and spiritual wellbeing**, so that you can **live well until you die**;*
- *make **informed choices** about your care, supported by **clear and accessible published information** on quality and choice in end of life care; this includes listening to the voices of children and young people about their own needs in end of life care, and not just the voices of their carers, parents and families;*
- *develop and document a **personalised care plan**, based on what matters to you and **your needs and preferences**, including any advance decisions and your views about where you want to be cared for and where you want to die, and to review and revise this plan throughout the duration of your illness;*
- *share your personalised care plan with your care professionals, enabling them to take account of your wishes and choices in the care and support they provide, and be able to provide feedback to improve care;*
- ***involve**, to the extent that you wish, your family, carers and those important to you in discussions about, and the delivery of, your care, and to give them the opportunity to provide feedback about your care;*
- ***know who to contact** if you need help and advice at any time, helping to ensure that your personalised care is delivered in a seamless way.*

*In making this Commitment, we are sending out the message that high quality personalised care has to be universal. We are determined to end variation in care due to geography, age, diagnosis, background or means. This is a national commitment to high quality care for all”.*

2.4 Wolverhampton End of Life Care Strategy aligns with and will deliver the Government’s commitment.

### **3.0 Progress**

3.1 Since the publication of the strategy great progress has been made with its implementation.

3.2 The Wolverhampton Clinical Commissioning Group (CCG) lead for end of life care has developed a business case for transformation of current end of life care services. This business case is currently going through CCG governance processes for approval.

The business case details the requirement for a transformation of current services to a whole pathway, coordinated approach across the City.

3.3 To ensure earlier identification of the dying person, the CCG has funded an enhanced Primary Care service that will see each GP:

1. Identify people approaching end of life earlier in their disease trajectory
2. Ensure they are placed on the EoL register
3. Establish regular multi-disciplinary team meetings with appropriate professionals to ensure the person has the correct care package based on their care plans

3.4 The CCG has worked in partnership with all stakeholders to develop and pilot a more person centred Advance Care Plan. The plan has been piloted in a number of care homes across the City with initial findings of residents having valued the opportunity to complete it. Following completion of the pilot, we have met with stakeholders (Compton Hospice and Royal Wolverhampton Trust) to agree the roll out of the new document across the pathway.

3.5 As part of the Black Country Digital Roadmap work, the CCG has been successful in obtaining funding to implement an electronic shared care record for end of life care. A steering group has been established with representation from a range of stakeholders including the ambulance service and the out of hour’s service. It is hoped that this system will be operational at the end of 2017 or early 2018.

3.6 The CCG has been successful in their bid to be part of the Point of Care Foundation programme for 2017 ‘Living well to the very end’. We have decided to focus on care homes to improve end of life care in that sector. We have partnered with City of Wolverhampton Council for one element of this project namely the implementation of the ‘red bag’ initiative proven by one of the End of Life care Vanguards.

The project will also provide education and training on building confidence in staff to care for these residents at the end of their lives and improving skills in how to start and continue difficult conversations. A further element will be resident and staff 'shadowing' to gain further insight into the experience of both groups. This information will be used to formulate a plan to improve experience of both groups for end of life care.

- 3.7 Our local Hospice has been successful in obtaining funding to build a new Care Coordination Centre beginning in April 2018. Very early discussions are taking place to determine what role this may have in the new pathways.
- 3.8 The CCG has negotiated a service development improvement programme to improve coding of patients at end of life in the community. The CCG are working with the District Nurses to implement the national coding system 'palliative care currency'. Early indications are showing that this is a significant shift in the way they normally code their activity and further training and education is required to embed this new way of working. This work will help to model activity and demand.

#### **4.0 Next Steps**

- 4.1 Seek approval for the End of Life care business case from CCG Governing body and design new model – December 2017 – January 2018
- 4.2 Roll out new person centred Advance Care Plan – December 2017 – March 2018
- 4.3 Continue to work with EoL electronic shared care record steering group to implement a local system – December 2017 – April 2018
- 4.4 Continue to work with care home sector to implement red bags and improve training and education – November 2017 – August 2018

#### **5.0 Impact on Health and Wellbeing Strategy Board Priorities**

Which of the following top five priorities identified by the Health and Wellbeing Board will this report contribute towards achieving?

- |  |                                     |
|--|-------------------------------------|
| Wider Determinants of Health                     | <input checked="" type="checkbox"/> |
| Alcohol and Drugs                                | <input type="checkbox"/>            |
| Dementia (early diagnosis)                       | <input checked="" type="checkbox"/> |
| Mental Health (Diagnosis and Early Intervention) | <input checked="" type="checkbox"/> |
| Urgent Care (Improving and Simplifying)          | <input checked="" type="checkbox"/> |

## 6.0 Decision/Supporting Information (including options)

Not applicable

## 7.0 Implications

Please detail any known implications in relation to this report:

- Financial implications N/A
- Legal implications N/A
- Equalities implications N/A
- Environmental implications N/A
- Human resources implications – There will be a requirement for the current workforce to work differently in a number of areas to realise a whole system approach.
- Corporate landlord implications N/A
- Risks N/A

## 8.0 Schedule of background papers

- 8.1 The background papers (End of Life care Strategy) relating to this report can be inspected by clicking the following [link](#) or contacting the report writer:

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