

End of Life Strategy

Agenda and paper details – Please leave - Corporate team will insert agenda item and paper number once agenda is locked	
Summariser:	Dr Simon Williams- Clinical Director
Authors and contributors:	Lorna Hart- Deputy Director of Integration and Urgent Care
Executive Lead(s):	Andrew Demetriades – Executive Director of Commissioning
Relevant Committees or forums that have already reviewed this issue:	Clinical Cabinet End of Life Project Group
Action required:	For consideration
Attached:	nil
CCG Strategic objectives relevant to this paper:	Core business: Clinical Priority 4: Enhanced support for those patients who require End of Life care
Risk	Risk log managed at End of Life Project Group Integration Programme Board
Compliance observations:	Finance: Aware
	Engagement : Engagement and communication plan on going
	Quality impact: TBC
	Equality impact: TBC
	Privacy impact: TBC
	Legal: NA

EXECUTIVE SUMMARY

In January, the Governing Body considered the work plan to refresh the CCGs End of Life Strategy after Dr Simon Williams, Clinical Director for integration and urgent care, provided a presentation. The outcome of this resulted in a request to develop the End of Life Strategy to align further to National Strategy, to include clear data and to support education. The Governing Body was satisfied of progress to date and requested that the relevant EOLC strategy stakeholders (the End of Life Project Group) were invited to attend the next meeting.

Taking the January Governing Body feedback into account, the End of Life Project Group embarked on a refresh of the Strategy with a focus on the National Palliative and End of Life Partnership, Ambitions for Palliative and End of Life Care (2015-2020), including clear data and highlighting the need for education to be central for success.

The purpose of this paper is to present the refreshed End of Life Strategy (2017/18-2020/21), to present an outline plan to deliver the Strategy over the next three years and to profile an end of life care film as part of the communication and engagement plan. The Strategy is available to read in the Governing Body reading room for reference and there will be a brief presentation made to the Governing Body at the meeting.

Background:

The scope of the Strategy applies to all adults, over the age of 18 years with advanced, progressive, incurable illness requiring end of life care in Surrey Downs CCG.

The refreshed of Strategy has responded to the comments and contributions from the January governing body, The End of Life Care Project Group and the Clinical Cabinet. To ensure that the strategy highlights the best practice it has been developed around the Six Ambitions of Palliative Care (National Palliative and End of Life Partnership 2015).

The Six Ambitions are:

- Each Person is seen as an individual
- Each person gets fair access to care
- Maximizing comfort and wellbeing
- Care is coordinated
- All staff are prepared to care
- Each community is prepared to help

Vision

The overarching vision is to make the last stage of life as good as possible by everyone working together confidently, honestly and consistently to help each and every patient across the CCG and the people who are important to them in all settings (The National Council for Palliative Care and National Voices 2015).

The Strategy highlights the following areas :

- Involve local people, patients and carers in the development and improvement of end of life care services, putting the patient first.
- Work collaboratively with health and social care organisations, both statutory and voluntary.
- Review the services we commission regularly to ensure that they reflect best practice and are responsive to the needs of service users and their carers.
- Improve early identification of at risk patients and carers.
- Ensure health and social care professionals are aware of referral pathways and these are used appropriately.

- Ensure that all health and social care staff are informed, competent, confident and well trained to meet the needs of the patients, carers and family
- Coordinate care across sectors and use of IT to facilitate sharing of information to help build health and social care support around the patient.
- Accessibility of care 24/7.
- Support a single point of access through the emerging Locality Care Models, 111 and Out of Hours.
- Advance care planning and working together to ensure patients' and carers needs and wishes are identified early.
- Increase the time that patients stay at their preferred place of residence
- That the End of Life Care Project Group is seen as the collaborative vehicle ensuring system wide change

Clinical Cabinet.

The Strategy was presented to Clinical Cabinet in May with a positive outcome, including particular support for the holistic approach, training families and integration in the community.

Clinical Cabinet feedback included:

- It will be beneficial to reduce the variance currently existing in Surrey Downs.
- There should be sufficient emphasis on integration within Community Hubs and the emerging Locality Care Models, especially in relation to advanced care planning.
- To recognise dementia as an underlying cause of death.
- That training within Localities should be included around extended access.
- Recognise the training needs for Primary Care and that this encompasses Extended Access and Out of Hours
- Note the importance of EoLC provision within the current 111/OOH procurement.
- That stakeholders and the CCG should work together on developing a website rather than setting up individual websites.
- Appreciate EoLC within the work taking place across the STP in Out of Hospital and Urgent & Emergency Care Workstreams
- Acknowledge the opportunities that exist within the Devolution Agenda

The outcome of the Clinical Cabinet was to endorse the Strategy and to request a mobilisation plan with measurable indicators to the Clinical Cabinet in June.

End of Life Project Board

The Strategy was presented to the End of Life Project Group that includes patient representation in May where it was agreed to include organisational logos to endorse a joint approach. It is anticipated that the End of Life Project Group will own the mobilisation plan, which will be supported by CCGs Governance and quality, innovation, productivity and prevention plans. It is also expected that the Strategy and mobilisation plan will be presented to the Patient Participation Forum in the next month for engagement and consideration.

The end of life care film

The CCG has developed a short film to focus on what end of life care is, highlighting our vision and our plans to improve care through our End of Life Strategy. The film will be screened at the Governing Body meeting and will be published on the CCG website in future.

The mobilisation plan

The mobilisation plan focuses on delivering the Strategy between 2017/18-2020/21 with a view to

achieving priorities and dependences in order to support consistency and delivery, which will include milestones, risk and issues. The CCG Governance structure will support and enable on-going delivery and assurance to the Governing Body through this mechanism whereby further information and presentation can be made as appropriate. A high level mobilisation will be presented to the Governing Body at the meeting.

Conclusion

-The Governing Body is asked to endorse the Strategy and the CCG's approach to mobilisation of the strategy. Representatives from the End of Life Project Group including Hospices, Voluntary Groups and Central Surrey Health, Epsom and St Helier acute Trust and Surrey County Council are expected to attend and will be available to take questions with Dr Simon Williams and Lorna Hart, Deputy Director of Urgent Care and Integration as part of the presentation.

Date of paper	May 2017
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