



Addenbrooke House Ironmasters Way Telford TF3 4NT

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Date **Thursday, 6 August 2020** Time **2.00 pm**
Venue **Remote Meeting**

Enquiries Regarding this Agenda

Democratic and Scrutiny Services	Josef Galkowski	01952 388356
Media Enquiries	Corporate Communications	01952 382406

Committee Membership:

Telford & Wrekin

Shropshire

	Councillor Stephen Burrell	Councillor Karen Calder,
	Councillor Stephen Reynolds	Shropshire Council Health
	Councillor Derek White,	Scrutiny Chair
	Telford & Wrekin Health	Councillor Heather Kidd
	Scrutiny Chair	Councillor Madge Shingleton
<u>Co-Optees</u>	Hilary Knight	David Beechey (Shropshire Co-Optee)
	Janet O'Loughlin	Paul Cronin (Shropshire Co-Optee)
	Dag Saunders	Ian Hulme (Shropshire Co-Optee)

AGENDA

6. **End of Life Care Review - Shropshire, Telford & Wrekin STP.** 3 - 10
To receive a presentation from Dr. Jane Povey, Medical Director for Shropshire Community Health NHS Trust, Julie Davies, Director of Performance at Shropshire Clinical Commissioning Group and David Evans, Accountable Officer for NHS Shropshire CCG and NHS Telford & Wrekin CCG.

This page is intentionally left blank



Shropshire, Telford & Wrekin

Sustainability and Transformation Partnership

System End of Life (EOL) Care Review

Proposed approach for JHOSC

Aug 6 2020

Dr Jane Povey , STW STP Clinical Lead

Dr Julie Davies, Director of Performance for STW CCGs

Background

- ▶ Questions to CCG and Shropcom Boards from Gill George with respect to:
 - ▶ EOL planning and provision in Shropshire, Telford and Wrekin
 - ▶ FOI questions about out of hours primary care provision to enable EOL Care
- ▶ System review of EOL care across Shropshire, Telford and Wrekin initiated by CCGs and supported by JHOSC
- ▶ Recent CQC concerns about EOL Care including ReSPECT at SATH
- ▶ Experiences of End of Life and Palliative Care in Shropshire (Healthwatch Shropshire : Jan 2020)
- ▶ CCGs AO (Dave Evans) and Shropcom CEO (David Stout) providing Chief Executive leadership and support for the review
- ▶ Discussion today to agree scope and plan for the review



What we have done as a system so far:

- ▶ Well established system EOL group with Strategy on a Page
- ▶ System - wide implementation of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)
- ▶ System Advance Care Planning Framework with implementation workstreams
- ▶ EOL planning and care recognised as a system clinical priority as part of delivering our Long Term Plan





Local Health Economy End of Life and Palliative Care Strategy

Caring, Responsive, Effective, Well-Led, Safe: A positive experience for patients, carers and families



National Ambitions

- Individual care
- Fair access to care
- Comfort and Wellbeing
- Coordinated care
- All staff care
- Caring Community

Facilitate effective personalised care planning and support of those important to the dying person

- Documentation provides clarity to all regarding patients' preferences/goals for living
- Important conversations
- Identify key worker
- Patient and carer access to documentation
- Shared electronic records

Ensure equal access to palliative and end of life care

- Develop systems with prognostication to identify patients in last year of life
- Co-ordinated processes for referral: clear Access criteria and Co-designed referral documents
- Establish a needs based model that identifies phase of illness and a system for prioritization
- Links with non-cancer specialists
- All supported by GSF and Frailty registers
- Support Transitional Care Initiatives

Establish 'Living Well' concept: support advance & anticipatory care planning & timely access to services

- Culture of care is enablement
- Programs for palliative rehabilitation are established
- Expand homecare models to support a preference to die at home; further develop H@H service
- Provide necessary medication and associated documented administration authority

Work in partnership to ensure that care is coordinated between services

- Facilitated by Local Health Economy End of Life Group supported by CCGs
- Services compliment not replicate each other
- There is shared accessible documentation where possible (RESPECT, EOL care plan, PPC) and Flagging
- Integration of services and System learning from Significant Adverse Events

Ensure a competent workforce

- Identify education needs across services; Established education programmes.
- Robust systems for appraisal and CPD including verification of death

Recognise compassionate communities voluntary support as an extension to services

- Severn Hospice continued roll out of coco
- Volunteering is seen as an arm to wider services
- Clinical services refer to established volunteer support
- Expand competencies in verification of death to facilitate this promptly and confidently

National Foundations

- Personalised care planning
- Shared records
- Evidence and information
- Those important to the dying person
- Education and training
- 24/7 access
- Co-design
- Leadership



Living Well HELPS ---> Dying Better



Purpose

- ▶ To review how the system organises itself to recognise when people are approaching end of life and to plan and deliver end of life care responsively , compassionately and in line with the wishes of patients ,their carers and and their families
- ▶ To identify what works well and what could be improved and the risks and constraints to delivering good care for patients during the end of their lives
- ▶ To plan how to systematically enable health and care staff to be able to deliver high quality, responsive and personalised end of life care for all
- ▶ To deliver this plan through a continuous learning approach
- ▶ To demonstrate we have done so including using patient centred data based on patient/carer/family experience



Principles

- ▶ Public, patient , family and carer involvement at the heart of our approach through co-production
- ▶ Focus on ensuring health and care workers and services are equipped and enabled to provide the EOL experience for people in our community and their families that we would want
- ▶ Aligned to national guidance/ best practice
- ▶ Towards fully integrated, seamless EOL provision across Shropshire, Telford and Wrekin
- ▶ Enabling services to work well ; Not about blaming individuals
- ▶ Collaboratively designed and delivered between our public, JHOSC, Healthwatch, health and care providers and the CCGs
- ▶ Accountability to the STP CEOs and Shadow ICS Board



Questions and Discussion including:

- ▶ Scope of system EOL review
- ▶ Leadership and Governance
- ▶ Public, patient, family and carer engagement
- ▶ Next Steps including timeframes



This page is intentionally left blank