REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **9th September 2015**
AGENDA ITEM:	**4**
SUBJECT:	**End of Life Care**
BOARD SPONSOR:	**Paula Swann** Chief Officer, Croydon CCG/ **Paul Greenhalgh** Executive Director of People London Borough of Croydon /

BOARD PRIORITY/POLICY CONTEXT:

Joint Health & Well Being Strategy priorities 2013 - 2018:

Priority 6.1 Improving people's experience of care

Priority 6.2 Improving patient's and service user's satisfaction with Health & Social Care.

NHS Outcomes Framework 2015/16

Indicator: Preventing people from dying prematurely

Indicator: Enhancing the quality of life for people with long term conditions

National EoLC Strategy 2008

The Department of Health published the national EoLC Strategy 2008; which promoted high quality care for all adults at the end of life, which aims to bring about a step change in access to high quality care for all people approaching the end of life.

Care Act 2014

The Act extends **personalisation** in social care, as well as increasing the focus on wellbeing and prevention. It enables local authorities and partners to have **a wider focus on the whole population** in need of care, rather than just those with eligible needs and/or who are state-funded.

Adult Social Care Outcomes Framework 2015/16

Indicator: Enhancing the quality of life for people in care homes at the End of Life.

London ADASS's social care end of life care Charter Document

Endorsed by London Association of Directors of Adult social services in May this year, the Charter follows the principles of the Care Act 2014 and aligns with the National EoLc Strategy. All the 21 indicators are intended to ensure that social care agencies

play a key part in improving the end of life experience for individuals and family carers. The Charter includes key areas which are delivered locally in Croydon e.g. care plans, promoting dignity and choice, maximizing quality of life. The Charter also helps to identify "next steps" in terms of improving practice and fostering joint work across sectors.

Department of Health (DoH) End of Life Care (EoLc) Strategy 2008

Croydon EoLC strategy 2015 – 2018 http://www.croydonccg.nhs.uk/news-publications/publications/Documents/End-of-Life-Care-Strategy.pdf

Business Case 2015 – 2016 Implementation Plan

FINANCIAL IMPACT: -

Reducing the cost of deaths in hospital by meeting people's wishes to die in the place of their choosing (usually home).

1. RECOMMENDATIONS

This is a background briefing for discussion by the Health & Wellbeing Board to receive the EoLC Strategy and feedback and input into the EOLC strategy Implementation Plan for Croydon.

2. EXECUTIVE SUMMARY

2.1 One of the key aims of the End of Life Care (EoLC) Strategy is to enable people to have a dignified and peaceful end to their life, in a location of their choice (at home, in care homes, in hospitals, in hospices) regardless of their age or cause of death.

2.2 Improving the delivery of services to people at the end of their life is a key national and local priority. The Department of Health published the national EoLC Strategy 2008; which promoted high quality care for all adults at the end of life, which aims to bring about a step change in access to high quality care for all people approaching the end of life.

2.3 This report describes the links being made between implementing the national EoLc Strategy 2008, The Joint Health & Social Care Strategy 2013 – 2018 and the London ADASS Charter 2015. These are reflected in Croydon's EoLC Strategy agreed by the Croydon Clinical Commissioning Group (CCG) Clinical Leads Group (CLG) and Senior Management Team (SMT) on 14th July 2015.

2.4 A programme designed to implement aspects of the Strategy has been successful in obtaining funding from the Better Care Fund on 17th July 2015.

3. DETAIL

3.1 Croydon's EoLC Strategy will contribute to the delivery of the National EoLC Strategy 2008. There is work nationally to refresh this Strategy.

3.2 Key challenges faced nationally are:

a) Challenges for the care and support sector including end of life and palliative care services. Care and support is commissioned and provided by a range of services e.g. statutory, voluntary and private sectors. The Health & Wellbeing Boards (HWB) across the country have highlighted that there needs to be greater clarity and understanding about these organisations' respective roles and accountabilities; and to ensure that end of life is included in the local strategy.

b) Greater priority needs to be given to data and intelligence. The National End of Life Care Intelligence Network has reported on where people die and the conditions they die from. However, there is less information about the person's quality and experience of care and whether the things that were important to them were identified and met. Other gaps include access to primary care and social care data.

c) Better conversations about death and dying; and involvement. Clinicians can recognise a set of problems, but they are not trained well enough about how to talk about death. Part of 'Dying Matters' work has been to train GPs in confidence building and communication skills. Other professional groups such as social workers, as part of their core training, have skills' building in how to hold "difficult conversations" with clients. This is a resource which can be particularly relevant when supporting individuals and families in the last months of their lives and in helping them to plan ahead, for example, whether they would want to spend their final days at home or elsewhere.

3.3 Croydon has 44,375 residents over 65 years old, which is 12% of the overall population. About 80% of all Croydon deaths are for people age 65 or over (1826 of 2287 deaths in 2013, Public Health).

3.4 There are144 Care Homes currently registered in Croydon. In 2014/15 there were 907 hospital deaths of over 65s population and 166 of over 65s had come into hospital from a care home; 741 of these people had come from their own homes (Hospital data). This means that about 50% over 65 year old deaths occur in hospital. In the best performing local authority in England, 38.2% deaths occur in hospital (2010 – 2012 data). The National Audit Office suggests 40-50% of people who die in hospital wanted to die at home. Croydon aims to reduce the number of deaths occurring in hospital by 23% in 2015-16.

3.5 Currently services do not enable this many additional people to die in their own homes; (this definition includes the care home where they are resident). Care for people at the end of their life is too often fragmented. Sometimes professionals do not know that a person is entering their last year/month/days of life; so the right support is not put in place quickly enough. People's preferences for the

place of death are often not known by those who care for them in their last days. Many of those coming to the end of their lives in care homes do not have robust Advanced Care Plans (ACP) in place to help avoid hospital deaths.

3.6 Croydon's EoLC Strategy 2015 – 2018 outlines the joint Health and Social Care plans to improve the range and quality of services for people who are nearing the end of their life. It has been developed in partnership with a local steering group whose membership includes public health, primary care, acute sector, and adult social care, London Ambulance Service (LAS) and the Voluntary and Community Sector (St. Christopher's Hospice and Marie Curie) and is addressing the above issues.

3.7 The strategy utilises the "6 steps to success" programme and builds on the Gold Standard Framework (GSF) programme in all care homes (residential and nursing) and for patients living in their own homes. The '6 steps to success' comprises of the following steps:

a) Step 1: Discussion as end of life approaches
b) Step 2: Assessment care planning and review
c) Step 3: Co-ordination of care
d) Step 4: Delivery of high quality services
e) Step 5: Care in the last days of life
f) Step 6: Care after death

3.8 Key themes of the Strategy:

- To increase public awareness and discussion of death and dying. This will make it easier for people to discuss their own preferences around end of life care and should also act as a driver to improve overall service quality;

- To ensure that all people are treated with dignity and respect at the end of their lives;

- To ensure that pain and suffering amongst people approaching the end of life are kept to an absolute minimum with access to skillful symptom management for optimum quality of life;

- To ensure that all those approaching the end of life have access to physical, psychological, social and spiritual care;

- To ensure that people's individual needs, priorities and preferences for end of life care are identified, documented, reviewed, respected and acted upon wherever possible;

- To ensure that the many services people need are well coordinated, so that patients receive seamless care;

- To ensure that high quality care is provided in the last days of life and after death in all care settings;

- To ensure that carers are appropriately supported both during a patient's life and into bereavement;

- To ensure that health and social care professionals at all levels are provided with the necessary education and training to enable them to provide high quality care;

- To ensure that services are effective and represent good value for money.

4. CONSULTATION

4.1 Commissioners from both health and social care have been involved in the Croydon EoLc Strategy; as well as providers and patient representatives, including:

- Clinical Leads
- Public Health
- Business Planning and Estates
- EoLC Providers
- Project Management Officer
- Patient Participation & Involvement
- Equality Lead Quality Lead

The HWB are also asked to note the Strategy and comment on the implementation plan.

5. SERVICE INTEGRATION

This strategy has been developed by professionals and key stakeholders across social care and health and aims to deliver a fully integrated approach to end of life care.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

Current spend on specialist palliative care providers by Croydon CCG is £1.8 million 2015/16.

Organisation	**£**	**Type of service**
St. Christopher's	£1,354,000 £61,000	Palliative specialist service Drugs
Crossroads	£121,000	Respite service
SW London Network	£309,000	SW London coverage of palliative specialist service

Additional to the above patients at the end of life will also receive support from mainstream services e.g. primary care, community and hospital services and social care.

In addition the End of Life Care programme for 2015/16 to 2017/18 has been awarded £307K funding from the Better Care Fund (BCF).

Through this funding, people at their end of life will have greater choice over where they wish to die by promoting Advanced Care Planning (ACP) and additional support to nursing and residential homes and for patients in their own homes.

There will also be investment in workforce training and development, to ensure GPs, community matrons, district nurses and other professionals that have a key role in

supporting EoLC, are able to support care home and specialist palliative care staff to keep people out of hospital where it is safe and In line with the patient's wishes to do so. The training and development investment will also be focused on developing 'end of life doulas' – volunteers who can support people to die in their own homes by offering holistic support and advice in the last weeks of life.

The aim is for good quality palliative care tailored to the person's needs and that also provides support for carers and families.

By focussing on end of life in care homes and in the individual's homes, this promotes care in the community. Promoting forward planning for the needs and care of the individual will help the person achieve their preferred end of life with dignity, rather than being reactive in the last days of life. The "6 steps to success" programme and intensifying the Gold Standard Framework (GSF) programme in all care homes (residential / nursing) in Phase 1 and in Phase 2 target services towards patients living in their own homes.

6.1 **The effect of the decision**

The overall objective of the End of Life initiative is to develop a system that delivers a patient centred approach to patients at the end of life, managing their care efficiently to avoid unwanted hospital admissions where the patient's wishes and preferences are respected, documented and accessed by all health professionals.

6.2 **Risks**

No	Description	Probability	Impact	Score	Mitigation
1	Unable to recruit one and a half Specialist Nurses coordinators	3	5	15	There is the possibility of a challenge finding the ri calibre of resources on time for the project roll out. Ea discussions with St Christopher's around recruiting right staff on time could mitigate this risk.
2	Unable to secure primary care engagement to support new service model (ACP,MDTs and CMC)	3	3	9	Issues around technical challenges with CMC co jeopardise GP engagement to accessing CMC a inputting patients data appropriately as well as lack of confidence at initiating ACP work with clinicians to supp them around technical issues and building their confider by offering training
3	Unable to secure the participation of district nurses to engage around patient care in residential homes and also supporting GPs where applicable.	3	5	15	There are difficulties in getting DNs to engage in Eo matters... This will be built upon through using contracting route and the Service Developm Implementation Plan as a mechanism to formal responsibilities of DNs to include EoLC matters.
4	Residential care homes rapid recourses and staff turn around will jeopardise a robust and sustained approach	3	5	15	Quick staff turn around will mean coordinators having return to residential homes for further training etc. Lo Authority contacts with residential homes should cont clause around staff sustainability and continuity..
5	Performance management of Nurse coordinators could be diluted due to other initiatives.	3	3	9	Develop a robust reporting mechanism for nurses wh will feedback into the strategy board.
6	Training for GPs, DN, Carers and other health professionals around ACP, DNAR and CMC	2	4	8	National funding secured for training but this runs out a April 2015 round. Possibility of securing further fund nationally and use GP peers to training during netw meetings. Ensure DNs attend training organised by CUH

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BACKGROUND DOCUMENTS

1) EoLc Strategy document
2) Croydon EoLc Charter1 docx May 2015 final
3) Croydon EoLc Charter1 docx template