

NHS Herts Valleys CCG and Hertfordshire County Council Strategy for care in the last years of life

Our **vision** is that people in Herts Valleys will:

- Live well in the community during the last years of their life
- Be treated with dignity and respect at all times
- Have their end of life care needs identified early
- Be actively involved in designing a package of care that is built around their needs and preferences
- Receive support after the death of a loved one

Better Care Fund - Integrated H&SC provision for people in the last years of life

Health and Wellbeing Board priorities – healthy living, promoting independence, flourishing communities

HVCCG Clinical Strategy

- Local people are supported to stay well, preventing ill health
- Patients and carers of all ages are empowered to take an active part in their own care
- Care and treatment in the right place – at home or as close to the home as possible
- Patients will experience services which are joined-up.

Older people's component of HVCCG Clinical Strategy

- Healthy communities
- Joined-up services
- Person centred care and dignity

Herts County Council Plan

Opportunity to thrive

- More people supported to live independently, with those who need care able to choose and control it through personalised budgets.

Opportunity to be healthy and safe

- Fewer hospital admissions, with patients supported to return to their own homes where possible.
- Safer homes, with safety checks helping to prevent avoidable falls and injuries.
- Dignified and happy lives, safe from neglect and abuse.
- Independent living, aided by new technology and equipment.

Opportunity to take part

- Neighbourhoods pulling together to ensure that older people remain valued members of their communities.

Herts Valleys Strategy for Care in the Last Years of Life

1. Improving access to co-ordinated health and social care in the last years of life
2. Delivering person-centred care to people in the last years of their life

3. Promoting community awareness and involvement
4. Enhancing health and social care professional's ability to support people in the last years of life
5. ... All delivered through integrated H&SC Commissioning

People have chance to discuss their EOL wishes and preferences (advance care planning)

Reduction in avoidable hospital admissions during last years of life

People die in their preferred place

Positive experience of care in the last years of life

HVCCG Strategy for Care in the Last Years of Life: Action Plan

1 Improving access to co-ordinated health and social care in the last years of life

	Action	Sub-actions	Owner	Support	Target date	Priority	Delivery notes
a(i)	Improved advance care planning for people approaching the end of their life	Develop simpler, advance care planning paperwork	SR	AD	May-14	High	Launch event for strategy? Link to EPaCCS and workforce development.
a(ii)		Know your 1% (primary care); Know your 30% (hospital care) - ensure ACP is integrated into core business of relevant providers (GPs, special palliative care, hospitals etc)	AD	SR AD CS	Sep-14		
b(i)	Commission 'extended hours' single point of access, to co-ordinate delivery of advice and support to people in the last years of their life, carers and the public	Explore possible delivery models	JH	CG Forum	Jun-14	High	Explore: > best practice (Luton, Greenwich, Beds, Bucks) > optimise use of existing resources [SPC in hospital and HCT; hospices; other vol sector, CHC fast-track, SPC MDT] > integration with other single point of access initiatives e.g. rapid response; primary care plus
b(ii)		Agree core components / service specification	JH	TA CG Forum	Sep-14		> Link to care navigation/co-ordination; personalisation; self-management; multi-morbidity assessment and delivery. > Home care packages built up around drugs; equipment; personal & nursing care.
b(iii)		Establish 24/7 single point of entry (incl governance structures)	JH	TA CG Forum	Apr-15		
b(iv)		Roll out / awareness raising of single point of access	JH	TA CG Forum	15/16		Launch event for strategy?

b(v)		Ensure 24/7 expert palliative care advice is available to people in the last years of their life, carers and professionals	JH	Forum	Mar-15		
c(i)	Improved hospital discharge for people in the last years of their life	Ensure long term plan for sustainability of Marie Curie discharge nurse posts.	TA	JH CG	Mar-14	Medium	Delivered
c(ii)		Equipment - improve access to fast-track equipment to facilitate improved discharge to usual place of residence	DH	JH DT	Mar-15		
c(iii)		Equipment - faster removal of equipment after death.	DH	JH DT	Mar-15		
d(i)	Improve EOL care information and data sharing between professionals	Commission EPaCCS for Herts Valleys; roll out and awareness raising; governance	JH	TM RT AD	Oct-14	High	Needs to be well integrated into primary care systems; Ensure system compatible with EOLC Co-ordination National Information Standard (ISB1580).
d(ii)		N3 connections for St Francis and Rennie Grove		TM JP RT	May-14	Medium	
d(iii)		Explore other IT solutions that can promote more integrated care going forward		TA DE	Jun-14	Low	Patchwork, Ascribe

2 Delivering person-centred care to people in the last years of their life

	Action	Sub-actions	Owner	Support	Target date	Priority	Delivery notes
a(i)	Empowering people approaching the last years of their life and their carers to be involved in decisions about their care	Ensure EOLC provision in Herts promotes self-management of conditions	?	Hospices CS DH	Mar-16	Medium	To work on definable actions; may follow as part of single point of access / extended hours commissioning
a(ii)		Ensure EOLC provision in Herts promotes shared decision making	?	Hospices CS DH	Mar-16		

a(iii)	care	Ensure EOLC provision in Herts is accessible through personal budgets.	?	Hospices CS DH	Mar-16		
b(i)	Improving transport for people in the last years of their life	Improve urgent transfers from home to hospice, and hospitals to home or hospice	JH	SK KE SC	Mar-15	Medium	HVCCG needs to develop coherent transport strategy; ensure EOLC fits in
b(ii)		Improve access to non-urgent community transport for people approaching the end of their life (for example to attend GP or other clinic appointments)	TA	JH	Mar-16	Low	Localities are doing work around community transport; to ensure EOLC feeds in.
c(i)	Ensure good access to drugs that are needed urgently	Agree formulary for 'just in case' prescribing	HG	HJ RT	Oct-14	Medium	Agree and monitor formulary for JICs; promote formulary via GP newsletters
c(ii)		Ensure extended hours pharmacies have stocks of emergency drugs	HG		Oct-14	Medium	
c(iii)		Increase number of nurse and pharmacy prescribers of drugs for care in the last days of life	HG		Mar-16	Low	

3 Promoting community awareness and involvement

Action	Sub-actions	Owner	Support	Target date	Priority	Notes
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a	Develop an EOLC communications strategy	To improve public and professional awareness of EOLC pathway in Herts Valleys and involvement in commissioning cycle	HA	JH hospices	Sep-14	Medium	
b(i)	Supporting carers of people approaching the end of their life, and after their death	Evaluate impact of carers champions work and funding	TA		Jun-14	Medium	
b(ii)		Forum to support the Herts Commitment to Carers	TA		Jun-14		
b(iii)		Ensure bereavement support is available and integrated with single point of access and HertsHelp services	JH	CH	Dec-14		Deliver through single point of access service? Ensure choice and different tiers (1-3). Elements currently offered by hospices, St Albans Bereavement Network, Mount Vernon bereavement network, Peace Hospice bereavement AQP (highly specialist).

4 Enhancing health and social care professional's ability to support people in the last years of life

	Action	Sub-actions	Owner	Support	Target date	Priority	Notes
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a(i)	Develop EOLC workforce development strategy that covers: > Specialist palliative care workforce > General staff (including GPs, social care, district nurses, hospital nurses) > Care homes and domicilliary personal care staff	Identify skills mix and gaps across system	AD	Hospices / SR / PCEG / B&H SPCG	Jun-14	High	Service mapping / needs assmt work should contribute to this. To include identification, communication, mental capacity, dementia, pain management (syringe drivers). To use national evidence-based frameworks where possible. To feed into national guidance in this area and integrated into HVCCG workforce development work.
a(ii)		Develop EOLC workforce strategy for Herts Valleys; sign off by HVCCG TERL			Sep-14		
a(iii)		Implementation of strategy			Oct 14 +		

5 ... All delivered through integrated H&SC Commissioning

	Action	Sub-actions	Owner	Support	Target date	Priority	Notes
a(i)	Herts Valleys EOLC needs assessment	Develop JSNA section on EOLC	JH	SV MJ	Apr-14	Medium	
a(ii)		Service mapping - identifying assets, gaps, funding/resources, issues	JH	RT SP JP	Mar-14		
b(i)	Integrated commissioning model for EOLC	Explore best-practice	JH	CG	Mar-14	High	
b(ii)		Identify existing resources and assets	JH	CG SC NC	Apr-14		
b(iii)		Agree commissioning model	JH	CG	Sep-14		Align to primary care plus
b(iv)		Partnership agreement(s) between local providers	JH	CG	Dec-14		
b(v)		Implement commissioning model	JH	CG	From Jan 15		> pathways > partnerships > steering group > governance
c(i)	Review relevant service specifications to ensure they promote best practice	Identify relevant contracts (through needs assessment)	JH	SC	Mar-14	Low	Identify relevant specs with help from SC (including homecare, primary care plus, transport, SPC @ Watford General)

c(ii)	to ensure they promote best practice in EOLC	Agree KPIs, quality and outcome indicators for contracts	TA	CG SC NC	Jun-14	LOW	Use NICE QS and Dept Health quality measures to support
d	Establish monitoring and evaluation of practice in HVCCG area		JH		Apr-14	Medium	To be linked to (a) JSNA - indicators there will set baseline for ongoing management and (b) EPaCCS - which may contribute some data.

Key to owners/partners

JH	Jennifer Hopes	HVCCG
TA	Tim Anfilogoff	HVCCG
CG	Carole Gillespie	HVCCG
AD	Dr Alison Davies	HVCCG
AS	Anvi Shah	HVCCG
CS	Carol Scholes	Herts Community Trust
SP	Sue Plummer	Peace Hospice
KE	Karl Edwards	E of England Ambulance Trust
SR	Sarah Russell	Hospice of St Francis
DT	Debbie Turner	Marie Curie discharge nurse, Watford General
HA	Heather Ayling	HVCCG
DH	Deirdre Haynes	Herts CC
SK	Sharon Kember	CSU contract manager (ambulance)
RS	Rasila Shah	Medicines management , C&E CSU
RT	Dr Ros Taylor	Hospice of St Francis
TM	Trudi Mount	CCG IT Programme Manager - Hertfordshire
MW	Dr Mike Walton	HVCCG
SC	Sarah Camplin	C&E CSU
NC	Natalie Clennell	HVCCG
SV	Stephany Villanueva	Herts CC Public Health
MJ	Mark Jordan	Herts CC Public Health
JP	Jenny Provin	Rennie Grove Hospice at Home
CS	Dr Carol Scholes	Herts Community Trust
DE	David Evans	AD Integration, HVCCG and Herts CC
HJ	Dr Humaira Jamal	Consultant in Palliative Care, Mount Vernon and Harefield
HG	Heather Gray	Medicines management , C&E CSU
BS	Bhavini Shah	Medicines management , C&E CSU
SC	Sharon Chadwick	Hospice of St Francis
CH	Claire Henshaw	

Acronyms

EOL[C]	End of life [care]
EPaCCS	Electronic palliative care coordination systems (EPaCCS)
NICE QS	NICE quality standard
HWBB	Health & Wellbeing Board
Herts CC	Herts County Council
HCT	Herts Community Trust
H@H	Hospice at Home services
C&E CSU	Central and Eastern CSU
SPC	Specialist palliative care
ELCQuA	End of Life Care Quality Assessment Tool
JSNA	Joint strategic needs assessment
QS	quality standard
KPI	Key Performance Indicator
ACP	Advance Care Planning
ABC	An EOL education programme
MDT	Multi-disciplinary team
IM&T	Info Mgmt & Technology
CHC	Continuing Healthcare
WHHT	West Herts Hospital Trust
TERL	Training, education, research and learning group (HVCCG)
PCEG	Palliative care education group
H&B SPCG	Herts & Bucks Specialist Palliative Care Group

Improved community awareness of the last years of life

