TRAFFORD COUNCIL

Report to:	TRAFFORD HEALTH SCRUTINY COMMITTEE
Date:	24 January 2019
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Report Title

TRAFFORD PALLIATIVE CARE AND END OF LIFE UPDATE

Summary

Palliative Care and End of Life Services in Trafford

Trafford CCG currently commissions the following Palliative Care and End of Life provision:

- Acute and Specialist Care - Manchester Universities NHS Foundation Trust, Salford Royal NHS Foundation Trust and the Christie NHS Foundation Trust.
- Community provision - Supportive Palliative Care service, delivered by Pennine Care NHS Foundation Trust (PCFT); Hospice at Home and Consultant Outreach Clinic delivered by St Ann's Hospice.
- Hospice Care –Inpatient, Outpatient, Day care and a 24 hour help line delivered by St Ann's Hospice and one in area hospice bed at Wyncourt Care Home.

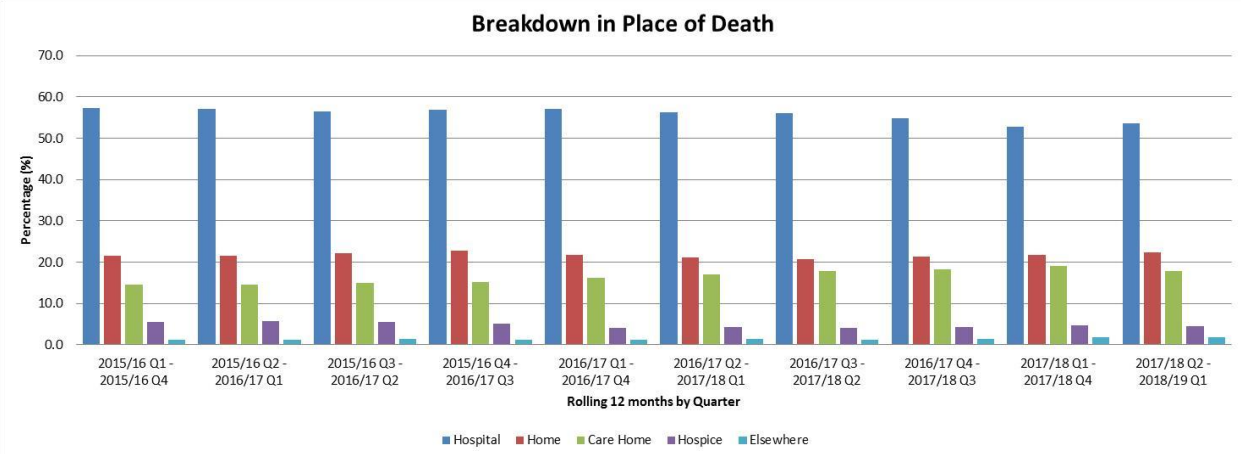
This represents an investment of nearly £1.5 million per annum on community and hospice care alone.

Current Performance

Nationally, CCGs are monitored against a number of end of life indicators with the most prominent being Place of Death and the number of Deaths in relation to hospital admissions.

Whilst Trafford performance against a number of these indicators has remained fairly static over the course of the last 3 years, improvements have been reported in the number of patients dying in hospital with a 3.7% reduction since 2015 and the number of patients dying at home increasing by 3.2% during this time period. Please see a breakdown in place of death below:

Table 1: Breakdown in Place of Death, Trafford CCG 2015 – Q2 2018/19



More significant improvements have been made regarding the reduced percentage of deaths with 3+ emergency admissions in last 3 months of life. Formally monitored via the CCG Improvement and Assessment Framework for the first time in November 2018, Trafford performed the best against all other CCGs in Greater Manchester and against our national comparator CCGs. Please see below:

Table 2: Percentage of deaths with 3+ emergency admissions in the last 3 months of life, Greater Manchester CCGs

	2015	2016	2017
NHS Bolton CCG	7.1%	6.5%	4.8%
NHS Bury CCG	7.0%	5.1%	4.9%
NHS Heywood, Middleton and Rochdale CCG	8.8%	6.0%	6.0%
NHS Manchester CCG	6.9%	No data	No data
NHS Oldham CCG	7.7%	5.9%	6.6%
NHS Salford CCG	9.7%	7.2%	5.5%
NHS Stockport CCG	8.1%	6.1%	6.0%
NHS Tameside and Glossop CCG	7.8%	6.4%	6.8%
NHS Trafford CCG	**7.2%**	**5.4%**	**4.7%**
NHS Wigan Borough CCG	8.5%	7.5%	7.0%

Table 3: Percentage of deaths with 3+ emergency admissions in the last 3 months of life, National Comparator CCGs

	2015	2017
NHS Basildon and Brentwood CCG	6.9%	5.5%
NHS Bury CCG	7.0%	4.9%
NHS Crawley CCG	6.5%	5.7%
NHS Dartford, Gravesham and Swanley CCG	6.2%	5.1%
NHS Havering CCG	9.1%	6.6%
NHS North East Hampshire and Farnham CCG	6.7%	5.5%
NHS Solihull CCG	8.0%	6.1%
NHS Stockport CCG	8.1%	6.0%
NHS Swindon CCG	5.8%	5.2%
NHS Trafford CCG	**7.2%**	**4.7%**
NHS Warrington CCG	5.6%	5.4%
National Average	6.9%	5.4%

These figures indicate that the Trafford Health and Care system is working well together to support people with complex and palliative conditions to remain in the community for longer and with less need for emergency episodes of care in the last months of life. However, as Trafford performance against indicators such as death in usual place of residence is below that of the national average and of comparator CCGs, it is clear that there are opportunities for further improvement across the Trafford system.

Identifying areas for improvement

To drive improvements, the CCG included the development of a Palliative and End of Life programme within its Commissioning Intentions in 2017/18, for delivery in 2018/19 and 2019/20. This programme would build upon the work previously undertaken to maximise existing commissioned contracts and to look to address key system wide challenges preventing the delivery of more timely and coordinated care for palliative or end of life patients, allowing for improved patient and family experience through providing greater control in their care and place of death.

To establish a collective system wide understanding of current performance and to further understand challenges within the current health and care system, the CCG in partnership with the Greater Manchester and Eastern Cheshire Palliative Care and End of Life Strategic Clinical Network, undertook a process of self-assessment of performance against national guidance "Ambitions for Palliative and End of Life Care: a national framework for local action 2015-2020".

"Ambitions for Palliative and End of Life Care: a national framework for local action 2015-2020", published by the National Palliative Care and End of Life Partnership, identifies 6 key ambitions which are considered fundamental in ensuring better end of life care. These ambitions are:

1) Each person is seen as an individual
2) Each person gets fair access to care
3) Maximising comfort and wellbeing
4) Care is coordinated
5) All staff are prepared to care
6) Each community is prepared to help

For localities to achieve these ambitions, the framework identifies that the following foundations are required to be in place:

- Personalised Care Planning
- Shared Records
- Evidence and information
- Education and training
- 24/7 access
- Co-design
- Leadership

Trafford undertook this self-assessment via two multiple stakeholder workshops in December 2017

and February 2018. Led by the by the CCG in partnership with the Strategic Clinical Network, these workshops brought together a number of services together, across the system of palliative care delivery. The workshops were very well attended with representation from across CCG, Primary Care, Pennine Care NHS Foundation Trust, The Christie NHS Foundation Trust, Manchester University NHS Foundation Trust, Healthwatch and Trafford Nursing Homes.

This process has highlighted a number of important barriers currently preventing improvement. These include:

- Shared Records – to improve the ability for different organisations and patients to access records, including Advance Care Plans.
- No local Trafford approach to Palliative and End of Life Care; including consideration of patients groups such as Children and Young People, Older People with Frailty and those with Dementia.
- Insufficient access to education and training, to support palliative and end of life care, particularly in areas with high staff turnover such as the Care Home and Homecare sector.
- No local approach to public engagement, including enabling public discussion around death, dying and bereavement and building compassionate communities.

In response to these barriers, attendees of the workshops were asked to identify key priorities for and specific actions for local delivery. Priority areas identified were:

- **Sustainable education and training;** a system wide approach to education and training required including supporting the wider workforce to hold and record honest conversations with patients.
- **Advance Care Planning**; to be completed uniformly across the system and ensuring access for patients and staff.
- **Measuring Quality;** agreement in methods of measuring patient outcomes, experience of services and building methods to measure the quality of care beyond 'place of death' indicators.
- **GP Education and better communication with Primary Care**; better training and education to Primary Care, increased use of palliative care registers and improved and timely communication to GPs of patients receiving a Palliative or EOL diagnosis.
- **Public engagement;** to undertake meaningful engagement with the public and local community to reduce the stigma in talking and planning for death, and increasing awareness of existing services.

In addition to those areas identified within the self-assessment process, a number of additional priorities have also been identified as requiring local action. These include:

- Inclusion of End of Life within the developing Primary Care Quality Framework
- Utilisation of EMIS in Primary Care and Community Care
- Roll-out Personal Health Budgets with St Ann's Hospice.

Trafford Palliative Care and End of Life Programme 2018/19

Completing this process produced a framework identifying key actions for local delivery in 2018/19. The following is a summary of actions taken to date.

GP Education and training

A GP Education session delivered by Dave Waterman, Palliative Care Consultant at St Ann's Hospice and the Clinical Chair of the Greater Manchester and Eastern Cheshire Strategic Clinical Network, was held in September. This session provided advice on identifying indicators of decline, role of advance care planning in end of life care, the importance of shared decision making, end of life prescribing and pain control.

Addition training sessions for GPs will be delivered in Q4 2019. These sessions will focus on the use of patient activation measurement tools to understand where individuals are in the management of their condition, and in supporting person centred conversations in primary care.

Utilising EMIS and improving communication between Primary and Community Care

In Autumn 2018, Trafford CCG introduced the EMIS One Template for Palliative Care onto our GP systems as Trafford's local EPaCCs (Electronic Palliative Care Co-ordination Systems) solution. This template can be accessed and updated by Primary and Community Care and enables the recording and sharing of people's care preferences and key details about their care at the end of life.

Additional prompts have been included within Long Term Condition Primary Care QOF registers to support GPs to consider whether a patient has become palliative. Through asking 'would you be surprised if your patient was to die in the course of the 12 months?' GPs are prompted to consider whether it is appropriate for the patient to be included on the palliative care register.

Improving Person Centred Approaches and supporting education and training of Trafford's wider workforce

In September 2018, the CCG in partnership with St Ann's Hospice was successful in obtaining non-recurrent funding from the Greater Manchester Health and Care Partnership, to deliver a project which would support more person centred care to be delivered to our residents within Care Homes.

In response to the identified need to support education and training in Trafford Care Home and Homecare sector, this project will introduce a specific role who will work with staff to embed person centred approaches within their daily practice including offering support and/or training to those teams who support our Care Homes. This project is split into three areas of focus:

1) Support to 2 homes currently delivering good care – to stretch their ambition to become recognised as excellent in Palliative Care and EOL delivery and in offering person centred care.

2) Support to 1 home currently supported by the Trafford Enhanced Care Home Team - to ensure adequate foundations of process and procedures are in place to support person centred palliative care

3) Homecare – to support the development of Trafford's provider market to improve our existing offer and allow patients to access high quality support to, as they approach at the end of life at home.

Supporting Dementia patients to 'die well'

It is recognised nationally that patients with dementia are often not given the opportunity to take part in advance care planning. Through the inclusion of a set of recommendations and actions in Trafford's Dementia Strategy, we hope to address this inequality within Trafford through supporting patients to have honest discussions regarding their wishes earlier after diagnosis, as well as reviewing whether improvements can be made to our commissioned support offers to enable more patients with dementia to 'die well'. Key actions identified include:

- Improving quality of annual dementia reviews to include conversations around awareness of Advance Care Planning (ACP) and relevant signposting.
- Establish whether Community Mental Health Teams have ACPs in place for their cohort of patients, support implementation if required.
- Review current dementia advisory service model and consider expansion of existing provision to include an ACP offer.
- Review current 3rd sector, primary and secondary care offer to consider enabling mechanisms for families and carers to access appropriate EoL care in accordance with wishes determined in the Cared For's ACP
- Review other CCG best practice models

Personal Health Budgets

The CCG is working with St Ann's Hospice to embed Personal Health Budgets into Advance Care Plan discussions, for those patients currently under the care of the hospice's day care services. In having a Personal Health Budget plan in place, should a patient become Continuing Health Care (CHC) eligible in the future then their a personal health budget and agreed plan would be implemented, thereby enabling greater choice and control of their health and wellbeing care for the patient and their families.

Dying Matters – Public engagement in having honest conversations.

In May 2018 the CCG delivered a number of engagement events during national Dying Matters Week. Delivered in a number of different locations across the borough, these events focused on reducing the stigma often attached to talking about death and planning for the future. Events included:

- Dying Matters Roadshows and interactive activities x 4 (Age UK in Urmston, Limelight in Old Trafford, Sale Square, Altrincham Library)
- Death café (Gran-T's Coffee House, Altrincham)
- Conversation café and interactive activities (Trafford CCG staff)
- Staff survey – bereavement support in the workplace
- Activity posters (displayed in large supermarkets/libraries)
- Social Media campaign

Following the success of the events in May, additional talks and activity sessions took place at Trafford College, at both Altrincham and Stretford sites in October and November respectively.

Next steps 2019/20

- Reducing variation in the identification of palliative patients - supported by practice and neighbourhood level palliative care register profiles, Primary Care will be able to compare the size of their current registers against their neighbourhood peers. Support to reduce variation is provided by the CCG Clinical Lead for Palliative Care and End of Life, Dr Ann Harrison.

- Further development of End of Life standards within the developing Primary Care Quality Framework.
- Evaluation of Improving Patient Centred Approaches pilot, embedding lessons learnt.
- Implementation of Dying Well Dementia recommendations.
- Maximising education and training programmes provided by the GM and Eastern Cheshire Strategic Clinical network, such as 'Train the Trainer' programme.
- Dying Matters campaign 2019.

Recommendation(s)

To note the contents of the paper.

Contact person for access to background papers and further information:

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