

## **Coventry and Warwickshire Improvement Plan to Meet the Foundations for Good End of Life Care**

This Plan is being developed at the request of Warwickshire's Health and Wellbeing Board. It describes the developments that will be taken forward across Coventry and Warwickshire to ensure that the foundations for good End of Life Care are embedded across all local services. It has been drawn up by a small group of health and social care professionals. Once it is agreed delivery of the plan will be supported through the Warwickshire Cares Better Together Programme Board, but the Warwickshire H&WBB Executive Team will be responsible for implementation and they will be held to account for this through the County Council's scrutiny committee.

The Improvement Plan is intended to lead to more effective and co-ordinated End Of Life Care across Coventry and Warwickshire. Each CCG, working with social care and other commissioning colleagues, are required to work with all local service providers (including GPs, hospitals, community services, hospices, ambulance service, pharmacies, care homes and domiciliary services) in delivering the plan.

The Improvement Plan is being developed in response to the recently published national framework for End of Life Care "Ambitions for Palliative and End of Life Care" (<http://endoflifecareambitions.org.uk/wp-content/uploads/2015/09/A-Presentation-of-the-Ambitions-for-Palliative-and-End-of-Life-Care1.pdf>). The national framework was drawn up by a wide coalition of national groups and reflects the views of patients, carers and the public as well as professional bodies.

The plan builds on local developments, many of which are described on the CASTLE (Care and Support Towards Life's End) website: <http://www.c-a-s-t-l-e.org.uk/useful-links.aspx> and have been developed by the multidisciplinary CASTLE group.

The 'Foundations' shown in this plan and their associated outputs and outcomes are taken from the national framework. The planned action was subject to public and professional consultation and over 30 separate responses were received. In addition the plan was discussed in professional forums, by Trust End of Life Care committees and by SWCCG Patient and Public Participation Group. The Improvement Plan reflects feedback from these individuals and groups.

## Glossary

### **CASTLE group**

The CASTLE group represents clinical providers of Palliative and End of Life Care across Coventry and Warwickshire. More details can be found on the CASTLE website: <http://www.c-a-s-t-l-e.org.uk/about-us.aspx>

### **CCG (Clinical Commissioning Group)**

All GP practices belong to a CCG and the groups include other health professionals, such as nurses. CCGs are responsible for commissioning a wide range of services and have a duty to involve their patients, carers and the public in decisions about the services they commission. There are three local CCGs: South Warwickshire CCG, Coventry and Rugby CCG and Warwickshire North CCG

### **CCG EoLC Executive Lead (End of Life Care Lead)**

This is the officer identified by the CCG as having lead responsibility for EoLC. Where the CCG also has a GP EoLC lead (a clinical role) the CCG officer is expected to work with the GP lead in implementing the action plan.

### **EPaCCS (Electronic Palliative Care Coordination System)**

EPaCCs is a secure web-based electronic clinical system which enables professionals to keep up-to-date about the care of their patients who are approaching the end of life. In Coventry and Warwickshire this will be called the CASTLE Register. The register will be available to relevant staff who have undergone training working across the settings of hospital, community, hospice and the ambulance service. Information will improve the coordination of care for an individual between different care settings and organisations and will facilitate better communication between in-hours and the out-of-hours period. For further information see CASTLE website: [http://www.c-a-s-t-l-e.org.uk/planning-ahead/castle-register-the-coventry-and-warwickshire-epaccs-\(electronic-palliative-care-coordination-system\).aspx](http://www.c-a-s-t-l-e.org.uk/planning-ahead/castle-register-the-coventry-and-warwickshire-epaccs-(electronic-palliative-care-coordination-system).aspx)

### **H&WBB (Health and Wellbeing Board)**

The H&WBB provides a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members need to work together to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. There is a Warwickshire H&WBB which works with local partners including the South Warwickshire, Coventry and Rugby and Warwickshire North CCGs and the Coventry H&WBB works with partners, including the Coventry and Rugby CCG.

### **Warwickshire H&WBB Executive Team (H&WBB Executive Team)**

The Executive Team drive the strategic direction, agenda and delivery for the H&WBB. It includes Chief Officer level representation from: our five district and borough councils; Coventry and Rugby, South Warwickshire and Warwickshire North CCGs; our health providers (Coventry and Warwickshire Partnership Trust, South Warwickshire Foundation Trust, George Elliot Hospital, University Hospitals Coventry and Warwickshire; Police and Warwickshire County Council.

**LA (Local Authority)**

Local authorities have a wide range of functions including providing information, advice and support for the local population and are responsible for ensuring people have access to a range of services to meet their health and wellbeing needs. Different responsibilities sit with different 'tiers' of local government for example Coventry City Council and Warwickshire County Council are responsible for assessing social care needs and for providing or commissioning services to meet these needs. District and Borough Councils in Warwickshire and Coventry City Council have responsibility, amongst many other things, for assessing and meeting the local populations housing needs. Local authorities thus need to work together and with local health service commissioners and providers to ensure that population health, wellbeing and social care needs are met.

**LETB (Local Education and Training Board)**

LETBs are responsible for the training and education of NHS and other healthcare staff, both clinical and non-clinical, within their area. Their responsibilities include holding and allocating funding for the provision of education and training and securing effective partnerships with clinicians, local authorities, health and well-being boards, universities and other providers of education and research and providing a forum for developing the whole healthcare workforce.

**Social Care EoLC Leads**

Social care departments are asked to identify a commissioning lead and a lead who can provide advice in relation to the social care services provided (for example social workers and other staff, care homes and domiciliary services)

**SPICT (Supportive and Palliative Care Indicators Tool)**

The SPICT is a guide to identifying people at risk of dying within the next 12 months. It is the recommended tool to support local health and social care professionals to identify individuals who would benefit from a supportive and palliative approach to their care. For further information see the CASTLE website: <http://www.c-a-s-t-l-e.org.uk/planning-ahead/coventry-and-warwickshire-spict.aspx>

**Warwickshire Cares Better Together Programme Board (WCBT Programme Board)**

The WCBT Board is responsible for delivering the better together programme, which is our local interpretation of the national Better Care Fund. The focus of the programme is to support the local health and social care systems to plan, commission and deliver integrated health and social care services, whilst developing local solutions to meet nationally dictated conditions such as 7 day working and joint assessment and care planning. Locally the programme is directed towards the frail and elderly population.

**FINAL DRAFT 1.4****Improvement Plan for Delivery of the Foundations for Palliative and End of Life Care 2016/17**

Foundation	Outputs and Outcomes associated with the Foundation	Planned Action	Responsible	Date to be achieved
<b>Personalised care planning</b>	<p>All individuals considered to be in the last year of life, will have an opportunity for informed discussion and planning for End of Life Care involving those important to them. Those with caring responsibilities will be identified through this process.</p> <p>Personal Care Plan's (PCP) will allow individuals to express their preferences for care, set personal goals, and consider appointing a Lasting Power of Attorney. It will be based on the differing physical, psychological, social and spiritual needs of individuals also reflecting their age, diagnosis, culture and religion, meeting all the requirements of the Equality Act.</p>	<p>1. Each local system (Coventry and Rugby, Warwickshire North and South Warwickshire) will develop a plan to support implementation of the SPICT tool. This should include training for relevant staff groups (GPs, community nurses, hospital staff and other professionals) depending on the focus of the implementation plan (ie which groups of staff are to be trained first). The training will ensure that staff have the necessary knowledge and competence to use the SPICT in their daily practice and are aware of the importance of identifying those with caring responsibilities.</p>	CCG EoLC Executive Lead	December 2016
		<p>2. Each CCG will develop a plan detailing how it will support General Practice in improving the effectiveness of practice EoLC (CASTLE/EPaCCs) register meetings.</p>	CCG EoLC Executive Lead	December 2016
<b>Shared Records</b>	<p>The PCP will be available to the individual, their carer and all services involved in care delivery. Locally this means sharing access to the CASTLE register (also known as EPaCCs). Where records are shared individuals are more likely to have well coordinated care and are more likely to have their EoLC preferences met.</p>	<p>3. A robust and clinically safe implementation plan for EPaCCs will be developed through the EPaCCs implementation group. The plan will include appropriate education and training for all relevant staff groups and will secure full collaboration from all providers across Coventry and Warwickshire.</p>	CASTLE Register (EPaCCs) Implementation Group	September 2016
		CCGs and other key stakeholders will	CCG EoLC	July 2016

		<p>then be invited to endorse (or agree amendment to) this plan, prior to implementation.</p> <p>4. Each CCG will identify a GP lead for EPaCCs and will clarify how the CASTLE register implementation group will link into the CCG's governance structures.</p> <p>5. Each local system will clarify how IT systems and future developments will accommodate the need for shared clinical records, including shared records for EoLC. This should be part of the 'digital road map' work currently being undertaken.</p>	<p>Executive Lead</p> <p>CCG EoLC Executive Lead</p> <p>CCG EoLC Executive Lead and CCG IT lead (working with other system IT leads)</p>	<p>December 2016</p> <p>December 2016</p>
<b>Evidence and information</b>	<p>Service providers will participate in an agreed range of national initiatives to collect robust anonymous data, to support quality improvement. As a consequence more comparable information will be available about local services and about the individuals who are accessing the services (and by default information about who are not accessing services)</p> <p>This will inform commissioners efforts to ensure equity of access to support for all population groups</p>	<p>6. The national dataset for palliative care will be implemented in line with the national timetable. In addition to this there are a range of voluntary national audits and surveys that need to be considered with a view to local organisations contributing data. Following review of their membership and ToR the CASTLE group will be asked to assess the potential for these national data collection tools to improve local services. In light of this assessment the group will recommend to CCGs and partner agencies, which additional national data collection opportunities should be adopted locally.</p>	<p>CCG EoLC Executive Lead</p> <p>CCG EoLC Executive Lead Social Care Lead</p>	<p>September 2016</p>

	<p>Local health and social care commissioners and providers will sensitively collect and use a wide range of information, including seeking feedback from service users.</p> <p>The participation of local services in national/regional research will be agreed.</p>	<p>7. The need for any additional data or information will be reviewed after accounting for the impact of action 6 and appropriate arrangements will be put in place to address this accordingly.</p> <p>8. There is an existing mechanism for local service providers to contribute to national clinical trials. However there are additional research projects where the participation of local services could bring benefit. The CASTLE group will be asked to review the current arrangements and make recommendations to CCGs.</p>	<p>CCG EoLC Executive Lead</p> <p>CCG EoLC Executive Lead</p>	<p>December 2016</p> <p>December 2016</p>
<b>Involving and supporting carers</b>	<p>'The offer' for families, friends and carers will be defined and will incorporate good pre-bereavement and bereavement care. The carer will be acknowledged as part of the caring team, as appropriate. It is recognised that on occasion children and young people have caring responsibilities and specific bereavement care needs.</p> <p>Outcomes for carers should include increased health and wellbeing, reduced isolation and involvement in planning their loved one's care.</p> <p>All population groups should</p>	<p>9. Carers now meet eligibility criteria for assessment and support if they have needs arising from providing care to another adult, which poses a risk to their own health or wellbeing. This includes support to:</p> <ul style="list-style-type: none"> <li>• carry out their caring responsibilities;</li> <li>• maintain a habitable environment;</li> <li>• develop and maintain relationships;</li> </ul> <p>Health and Social Care colleagues will agree what information needs to be provided or action taken when a carer is identified on the CASTLE (EPaCCs) register.</p>	<p>Social Care Leads and CCG EoLC Executive Lead</p> <p>Social Care</p>	<p>September 2016</p> <p>December</p>

	<p>experience improved access to bereavement support depending on their specific needs.</p> <p>Arrangements for bereavement support for suicide will be reviewed.</p>	<p>10. Each CCG will specify how they will review what bereavement care is provided to their population and how they will assess equity of access to this care. The findings of this review will be shared with patients, carers and the wider public in order that they can help define the future pre-bereavement and bereavement support required (in the context of the resources available)</p> <p>11. Each Public Health department will be asked to address how bereavement support is provided in cases of suicide, through their Suicide Prevention Strategies and to share this information with CCG and EoLC colleagues.</p>	<p>Leads and CCG EoLC Executive Lead</p> <p>Public Health Suicide Prevention lead</p>	<p>2016</p> <p>September 2016</p>
<b>Education and training</b>	<p>Every professional will be competent to deliver of good EoLC. Local commissioners and providers will seek the support of LETBs using existing training opportunities and developing new training programmes, based on a training needs analysis.</p>	<p>12. The core system-wide training to be provided to different staff groups will be defined by the CASTLE group. The CCGs and Social Care will then consider how they will undertake a training needs analysis and then commission this training, working with Health Education England and training providers, as appropriate. This work needs to link into wider workforce development planning processes, and link to quality monitoring processes (for eg. in monitoring indicators of the competence of domiciliary and other care providers) .</p>	<p>CCG EoLC Executive Lead and Social Care Leads</p>	<p>September 2016</p>
<b>24/7 Access</b>	<p>Every patient will have access to 24/7 services responsive to their</p>	<p>13. CCGs will, working with their partners, review 24/7 access and</p>	<p>CCG EoLC Executive Lead</p>	<p>December 2016</p>

	<p>needs; this is a system-wide expectation.</p> <p>Patients and their carers should receive more timely access to services, symptoms should be better controlled and unwarranted hospital admissions should be avoided.</p>	<p>develop a plan to address any shortfalls. The approach and format of this plan will be consistent with the wider strategic approaches being adopted by CCGs. The plan will be expected to demonstrate the extent to which there is equity of provision on a 24/7 basis and the extent to which the provision meets demand. The plan should include access to:</p> <ul style="list-style-type: none"> <li>• community nursing</li> <li>• medication</li> <li>• specialist palliative care</li> <li>• equipment</li> <li>• carer support</li> <li>• access to non-acute beds</li> </ul> <p>Access arrangements should reflect timely access to funding via social care or continuing healthcare budgets as appropriate.</p>		
<b>Co-design of services</b>	<p>Commissioners and providers will involve those with personal or professional experience of EoLC to inform plans. All health and social care systems will involve people who have personal experience of death, dying and bereavement, such that the views of service users and their families inform all developments.</p> <p>Through this process services should be more reflective of service users' needs and be more easily accessed.</p>	<p>14. All providers and commissioners will provide evidence that the local population, professionals and other stakeholders have been involved in planning processes. The plans submitted through this Improvement Plan will need to evidence how views were sought and how many different people contributed to the plans. The format and content of the plans may vary depending on the wider co-design processes being adopted by the respective CCGs.</p>	CCG EoLC Executive Lead and Social Care Leads	December 2016



<b>Leadership</b>	CCGs/LAs/H&WBBs will create the circumstances necessary for action to improve EoLC. They will further develop plans to support cross-organisational leadership, collaborative commissioning, including promoting the use of Personal Budgets.	15. EoLC will be the focus of a system-wide leadership development programme. This will involve working with the H&WBB Executive Team with participation from Trust Chief Executives and CCG Accountable Officers.	Kings Fund (as currently commissioned)	September 2016
		16. There should be consideration of the need for an annual EoLC forum, enabling all relevant partners to share emerging plans and identify opportunities for system-wide working.	Warwickshire Cares Better Together Programme Board	December 2016
		17. CCGs and social care colleagues should agree how they will progress plans for increased personalisation, which may include the roll-out of personal health budgets if considered appropriate. This will be reported to the Warwickshire Health and Wellbeing Board Executive Team.	CCG EoLC Executive lead/Social Care leads (KH to clarify)	September 2016
	The role of programmes to promote public discussion of dying, death and bereavement (eg compassionate communities) will be considered for local implementation. This would increase the capacity within the local community to support individuals and families who are dealing with EoL. For example support might be available thorough volunteers and providers of other services (such as housing) would be encouraged to support	18. The Coventry and the Warwickshire Public Health Departments should be asked to consider how implementation of 'public health approaches to EoLC (eg Compassionate Communities)' might be incorporated into local community engagement programmes, with a report back to the WCBT Programme Board.	Public Health Departments	September 2016

	those receiving EoLC.			
	Commissioners and providers will ensure that clinical leadership for EoLC is at the heart of individual provider organisations.	19. All organisations will confirm to the WCBT Programme Board that they have an executive lead and a named clinical lead for EoLC. Trusts will also be asked to identify a lay board member to lead on EoLC. These individuals will be accountable for the plans and processes related to EoLC within their organisation	Warwickshire Cares Better Together Programme Board	June 2016