



## Agenda Item 7

### HEALTH & WELLBEING BOARD

**Subject Heading:**

Havering End of Life Care Strategy  
2016 -2019

**Board Lead:**

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**The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy**

- ☐ Priority 1: Early help for vulnerable people
- ☐ Priority 2: Improved identification and support for people with dementia
- ☐ Priority 3: Earlier detection of cancer
- ☐ Priority 4: Tackling obesity
- ☒ Priority 5: Better integrated care for the 'frail elderly' population
- ☐ Priority 6: Better integrated care for vulnerable children
- ☒ Priority 7: Reducing avoidable hospital admissions
- ☒ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

<b>SUMMARY</b>
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Nationally health and social care services for people with end of life care needs have improved considerably over recent years. As people live longer, and with the increasing prevalence of chronic conditions, it is essential that health and social care services collaborate further to meet the challenge of planning and delivering high quality palliative and end of life care for increasing numbers of patients and clients in Havering.

This strategy provides a vision and direction for service planning and delivery, and will be implemented by the Havering End of Life (EoL)

Steering Group. This group consists of representatives from all relevant stakeholders including clinicians; health and social care providers; commissioners and independent and voluntary organisations. The group reports into the BHR Integrated Care Coalition to which regular performance reports will be taken.

The purpose of the strategy is to improve the quality of the care that people (their carers and families) receive when they are approaching the end of their lives by embedding within commissioned services the principles of the national End of Life Care strategy.

In Havering a significant number of people die in hospital rather than at home if the cause of death is not due to cancer; this gap needs to be reduced.

This strategy builds upon a large amount of work that has already been undertaken in Havering, for example, implementation of Gold Standards Framework (GSF) training, the development of a standardised 'Do not resuscitate(DNR) form and the use of electronic EoL Care Plans; the work of existing services such as the local hospices; general practice; and community services.

## **RECOMMENDATIONS**

The Board is being asked to

1. Discuss and comment on the strategy
2. To confirm the governance arrangements for 'sign off' and reporting.