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HEALTH & WELLBEING BOARD

Subject Heading:	**Havering End of Life Care Annual Report 2016/17**
Board Lead:	**Dr Gurdev Saini** **Clinical Director, Havering CCG**
Report Author and contact details:	**Dr Gurdev Saini** **Clinical Director, Havering CCG**

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

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☐ Theme 4: Quality of services and user experience

SUMMARY

This annual report summarises progress made with the End of Life (EOL) Care in Havering during 2016/17

RECOMMENDATIONS

The Board is asked to note the report and comment on progress made with End of Life Care in Havering during 2016/17

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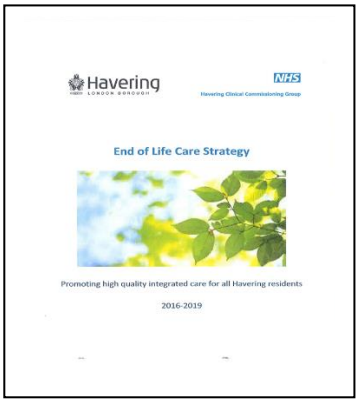
REPORT DETAIL

Havering End of Life Care Annual Report 2016/17

Havering End of Life Care Strategy

The Strategy was launched in April 2016 and was presented to GPs at the April round of Cluster meetings. The early focus was to get GP practices to develop end of life care plans for patients using the Health Analytics platform. Havering CCG had piloted the development of care plans and through the Strategy Action Plan had set a target to develop a rolling average of 500 active care plans by March 2017. This has been achieved.



The strategic objectives of the strategy are:

- Encourage people to discuss death and dying
- Identify all people who are nearing the end of their life
- Have more effective care planning
- A co-ordinated care across health spectrum
- Ensure that all services provide high quality End of Life Care

CQC Inequalities in EOL Care report published

Havering CCG was one of 20 CCGs selected by CQC for the local fieldwork phase of the review into the inequalities of end of life care. We were selected based on a review of CCG level data about geographic area, demographic characteristics, and a number of end of life care metrics, for example from the National Survey of Bereaved People (VOICES).

Unlike CQC inspections, thematic reviews take a care pathway approach and focus on people's experience and how services work in partnership to deliver this within a local area rather than on the activity of a single individual provider.

Following the review Havering CCG was cited in examples of good practice for the Gold Standards Framework training commissioned for GPs and care homes; for the programme of aligning care and nursing homes to GP practices and for the progress made with End of Life care through the local steering group. A link to the report is below.

www.cqc.org.uk/sites/default/files/20160505%20CQC_EOLC_GoodPractice_FINAL_2.pdf

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Standard DNACPR form introduced to be used by BHR CCGs

One of the actions of the BHR Steering Group has been the introduction of a standard DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) across the three boroughs. The form was agreed for use by Barking & Dagenham and Havering LMC, Redbridge LMC and London Ambulance Service. Where appropriate the DNACPR form can be uploaded to the EoL care plans recorded on health analytics as well as being available in a patient's home.

Havering Death Café

Since the introduction of the Havering Death Café, we have held 6 events around the borough. These have been held in Romford, Harold Hill, Ardleigh Green and Upminster to date. The aim of a Death Café is to increase awareness of death to help people make the most of their life. A death café is a group directed discussion of death with no agenda, objectives or themes. It is a discussion group rather than a grief support or counselling session.

BHR End of Life Steering Group

Havering CCG had its own EoL steering group chaired by Dr Saini until 2016 when the BHR and Havering EoL steering groups merged, with Dr Saini taking over as chair of the merged group. It was agreed that if the three boroughs aligned their work more closely more could be achieved for End of Life Care. Havering CCG have achieved significant improvements through their working group so it had been proposed that this be combined with the BHR EoL Steering Group to avoid duplication and increase improvement for patients. Dr Saini highlighted that the EoL group should be opened to all types of patients who are reaching the last stages of their life including children. The Terms of Reference have been amended to reflect this. The group meets quarterly and includes representation from BHR CCGs, LBH, LBBD, LBR, NELFT, NELCSU, LAS, PELC, Marie Curie, St. Francis Hospice, Haven Hospice, Richard Hospice and other stakeholders as required.

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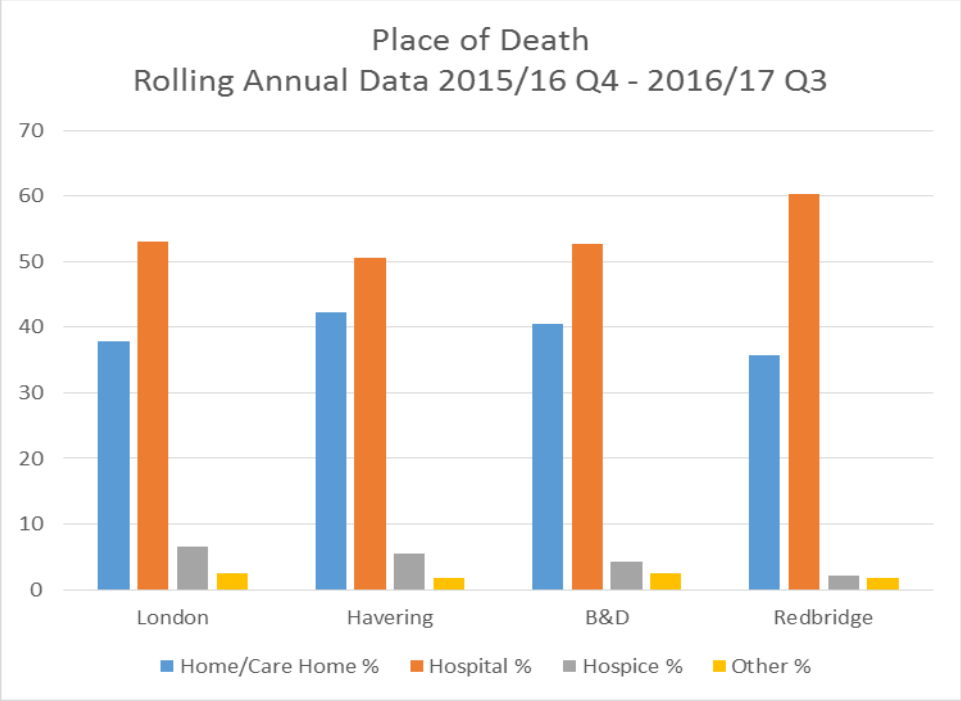
Place of Death



Havering CCG began the first wave of Gold Standard Framework training for Havering GPs during 2012/13 at that time the number of Havering deaths occurring in hospital was 54% against the London average of 49%. Ongoing GSF training and progress made with End of Life Care since then in Havering shows that 50.6% of all deaths now occur in hospital compared to the London average of 53.1% with 52.7% in Barking & Dagenham and 60.3% in Redbridge.

New EOL Care Facilitator appointed by NELFT

Caroline Game has joined the Havering Team in April 2017 replacing Amanda Young who left in August 2016.

Caroline has made rapid progress linking in with primary care to support GSF coding and rating of patients on palliative care registers. Supporting practices to develop care plans on Health Analytics. Triangulating palliative care registers to care homes, supporting advanced care planning and personalised care plans.

Electronic End of Life Care Plans

As mentioned above, BHR CCGs have adopted Health Analytics as the platform for sharing EOL care plans. Plans can be viewed and amended by staff in Primary Care, BHRUT, SFH, and NELFT. Havering have pioneered the use of electronic care plans and currently have over 500 patients with an EOL care plan recorded on Health Analytics which has met our target for 2016/17. Barking & Dagenham and Redbridge are now using the same system.

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Social Finance Incubator Project
Dr Saini expressed an interest in this project on behalf of Havering CCG. It was decided to take a BHR wide approach and a number of meetings took place with the Social Finance Team and representatives of BHR CCGs. A feasibility study was undertaken and it was decided not to proceed at this particular time.

Age UK Care Navigators
Age UK Redbridge, Barking and Havering, is offering Care Navigation support to End of Life patients living in the above boroughs which started 1st March 2017. This follows a successful Age UK Integrated Care Programme Pilot (jointly funded by BHR CCGs and Age UK) which supported people with multiple health conditions and has now being extended to End of Life patients in the last 6 months to 12 months left to live. Age UK Care Navigators will use a tailored guided conversation with the person to collect information for completing the Advance Care Plan with the aim to enable them to live well in their remaining time and die well. This support may include providing information/advice to individuals about a range of services and facilitating access to services in the community to maximise comfort and wellbeing. E.g. facilitating access to befriending support, access to counselling, bereavement support for family members, benefits advice and information, legal advice including Power of Attorney, etc.

Children's Hospice
BHR CCGs commission **Haven House** in Waltham Forest – Woodford, who provide hospice services for Havering residents.

Services offered include:
- Overnight respite - residential
- Day time support – on/off site
- End of Life Care
- Step down
- A range of other support for the patients and their families

Commissioners are currently working with the Hospice to identify gaps and challenges in services for children and young people and provide solutions. This includes transition pathways into adult hospice services, hospice at home and respite care.

Saint Francis Hospice
A key shared strategic aim is to ensure that people who are dying and who want to remain at home have the care and support they need to enable them to stay at home. SFH have continued to work in partnership with GPs, District and Community Nurses, social care providers, and people who are poorly, their family, carers and friends to:
- Encourage an opening up of conversations about end of life care, and offer expert education to all in the health and care community
- Provide hands on help through the Hospice at Home team, to support people through this time and prevent unwanted hospital admissions
- Ensure a 24/7 advice and support service for people at home
- Support nursing homes in their support of residents who are now frail and approaching end of life
- Support hospital to home discharges for people at end of life, who want to be at home, who need that extra support to get there
- Support best use of hospice beds for people who are not managing at home, or for whom hospital care is not the right care now.

- SFH have developed services now offering outpatients for doctors, nurses and all AHPs and have a service that reaches out to the isolated - Orangline

SFH have supported the development/securing of a universally recognised local DNACPR form and worked with local GP leads to ensure a Time to Learn teaching session with focus on this and on the importance of advance care planning for people approaching the end of life, also championing the Electronic Palliative Care Coordination System Havering CCG has chosen, Health Analytics and e-referrals.

Conclusion
Whilst good progress has been made with End of Life care in Havering there are still areas that need further development. We need to reach out to BAME communities to enable discussion of EoL issues. A plan is being developed to pull together common themes across BHR and we are working with the National End of Life Care programme board to develop metrics for EoL.

IMPLICATIONS AND RISKS

End of Life Care has ceased to be specifically managed by the Havering CCG locality and is part of a BHR wide programme. This may result in a change of focus.

BACKGROUND PAPERS

None