

MSE Integrated Care Partnership, 16 November 2022

Agenda Number: 10

Hospice Strategic Partnership & Recommendations for Palliative and End of Life Care across MSE

Summary Report

1. Purpose of Report

To provide the Integrated Care Partnership with an overview of the Hospice Strategic Partnership within MSE and their recommendations following a recent Palliative and End of Life Care (P&EoLC) Lived Experience Survey.

2. Executive Lead

- Name: **Steve Smith, Alison Stevens, Eileen Marshall**
- Job Title: **Chief Executive Officers – Havens Hospices, Farleigh Hospice, St. Luke's Hospice**

3. Report Author

- Name: **Steve Smith, Alison Stevens, Eileen Marshall**
- Job Title: **Chief Executive Officers – Havens Hospices, Farleigh Hospice, St. Luke's Hospice**

4. Responsible Committees

N/A

5. Financial Implications

No financial implications determined at this stage.

6. Details of patient or public engagement or consultation

A survey was created to gain perspective and insight from residents who have had experience of palliative care services in MSE. 202 people responded to the survey across a range of postcodes. This included Patients, Carers and family members and included views from a wide age range with most respondents being aged 66-84.

7. Conflicts of Interest

Report covers all Palliative and End of Life Care services in MSE for which the author's of this report are providers of these services.

8. Recommendation/s

The Integrated Care Partnership is urged to enforce the following:

- (i) ICP to ensure 'Living and Dying Well' is in each Alliance strategy within MSE
- (ii) To recommend the Palliative and End of Life Care (PEoLC) programme board action the PEoLC Survey report.
- (iii) To recommend the ICB receive updates on the actions from the report.

Hospice Collaborative Partnership and recommendations for PEoLC in MSE

Healthwatch Essex Report
November 2022



Hospice Collaborative Partnership

- Established in 2021 in response to Covid
- Aim: To improve the experience at end of life for people who live in the community of Mid and South Essex
- Four hospices involved:
 - Farleigh Hospice - Chelmsford
 - Havens Hospices (incl. CYP) – Southend & Essex
 - Saint Francis Hospice – Romford & Havering
 - St. Luke’s Hospice – Basildon & Thurrock
- Today: Presenting our collaborative approach to future of PEO LC in MSE



PEoLC in context

- Numbers of deaths predicted to surpass the number of births by 2040 (forecasts predict 100,000 more people will be dying each year in the United Kingdom)
- Within MSE the ageing population 65+ is slightly higher than the average for England
- Ageing health and care workforce; 47% of NHS staff over 45 and expected to rise
- Hospice UK reporting 1 in 4 families do not get the support they need and that there are inequalities in access to end of life care
- NHS Long Term Plan commits to improving personalised palliative and end of life care for people of all ages and to address health inequity
- Less resources, greater complexity, and a growing death population

Sources: Institute for Public Policy Research;
Marie Curie Better End of Life Report;
British Medical Association; Hospice UK



Statutory laws & guidance

- H&C Act 22 amendment 16: Now a legal requirement on ICB to:

“commission such services or facilities for palliative care (including specialist palliative care) as they consider appropriate for meeting the reasonable requirements of the people for whom they have responsibility.”
- (PEoLC) Statutory Guidance for ICB states that the legal duty:

“intended to ensure that the palliative and end of life care needs of people of all ages, with progressive illness or those nearing the end of their lives, and their loved ones and carers, receive the care and support they need to live and die well.”



Statutory guidance

- Key considerations for ICBs from the statutory guidance:
 - A **whole system approach** to address the PEOLC needs of the person
 - Access to **out of hours PEOLC**
 - **Flexible models of care** to meet fluctuating needs delivered by specialist and non-specialist providers
 - Access to **PEoLC services for people of all ages** – adults, children and young adults transitioning between services
 - Ensuring services providing PEOLC **deliver against the Ambitions Framework** for PEOLC and the six ambitions within this
 - **Sufficient workforce** with the knowledge, skills and confidence to delivery high quality personalised PEOLC, supported by specialist palliative care clinicians and services where appropriate



Ambitions self-assessment results

2022 MSE PEO LC PB self-assessment against the Ambitions Framework benchmarked palliative care services across MSE revealed the following:

Ambition	Gap identified
Each person is seen as an individual	inconsistent or absence of sharing of information
Each person gets fair access to care	limitations around charitable and statutory funding of bereavement services
Maximising comfort and wellbeing	inconsistent access to 24/7 PEO LC and advice
Care is Co-ordinated	EPaCC dashboards and registers are not fully implemented across the MSE
All staff are prepared to care	Variation in skilled and competent workforce
Each community is prepared to help	Not enough Information and training for families and carers

PEoLC needs of the community not met to the standard that is recommended or legally required



The Future of Palliative Care Needs in Mid and South Essex

'It's the biggest adventure we will have. Wouldn't it be nice
to get it right?'



A report by Healthwatch Essex Information & Guidance Service for the Mid and South
Essex Hospices Collaboration
April 2022-August 2022

Report scope and deliverables

What?

- All age population survey with patient experience component
- Focusing on all wider system partners, not just hospice needs
- What does the population want and need when receiving palliative and end of life care, and what are the barriers to accessing these?

How?

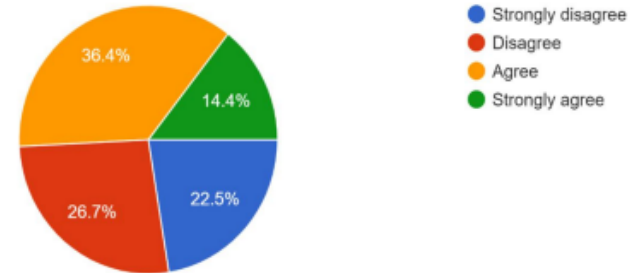
- Desk based exercise to map the existing assets in Mid and South Essex for End of Life
- Focus group to co-produce a survey with the Hospice Strategic Partnership
- Coordinated communications to ensure survey is distributed via all channels
- Individual interviews and focus groups to gather qualitative feedback and case studies
- Five semi-structured interviews with participants to form lived experience case studies within the report
- Key findings and recommendations



Lived Experience

- 16 questions
- Distributed to 136 groups, 30 GP surgeries, Facebook Community Groups (combined 526k members)
- 200+ responses
- 90+ 1-1 interviews
- Focus Groups – Essex Fella’s Forum, Essex Pride, Trauma Ambassador’s Group, Young Mental Health Ambassadors

6. If more than one healthcare professional was involved in this care, did you feel that the support was 'joined up'? For example, did the healthcare pr...ow the medical history and liaise with each other?
187 responses



‘My mum already had a blood disorder before she had cancer and trying to get the chemotherapy department to talk to haematology is a nightmare.’

‘My son was 12 years old when I was diagnosed, and I was a single parent at the time. He had no support offered to him at all, not from the medical professionals or his school.’



What solutions does the report recommend?



Sharing of
knowledge and
information



Wellbeing for
all – from
diagnosis to
death



Communication
and access



Hospice Strategic Partnership Recommendations

No.	Recommendation
1	Presentation of report and findings to all stakeholders
2	PEoLC PB led session that creates a task based action plan prioritising 24/7 care, communication and information sharing, and bereavement services
3	All alliances agree to have 'Living and Dying Well' as part of their strategy to show a consistent approach across MSE
4	ICB request regular report on PEoLC PB action plan
5	Lived Experience survey to be repeated in 12 months



Any questions?

