

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Health and Wellbeing Board
Date:	25 June 2015
Title:	End of Life Care Seminar Outcomes
Reference:	6754
Report From:	Director of Adult Services

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1. Summary

1.1. The purpose of this paper is to summarise the Seminar on End of Life Care hosted by the Health and Wellbeing Board, and recommend next steps for the Board to take to promote a good end of life experience in Hampshire.

2. Contextual information

2.1. In March 2015, the Health and Wellbeing Board hosted a seminar on End of Life Care in Hampshire. The event was attended by representatives from a range of partner agencies including NHS provider Trusts, Hospices, carers and commissioners.

2.2. The event explored population needs in relation to end of life care, supporting choice and good end of life care, the power of conversation in end of life care, and developing the workforce skills in end of life care. Delegates took part in a facilitated discussion on what good integrated end of life care looks like, and how we can make this happen in practice.

3. National Backdrop

3.1. Opportunities for improvements in End of Life Care continue to be raised nationally, for example in March 2015 National Voices and the National Council for Palliative Care, in partnership with the national clinical director for end of life care at NHS England Dr Bee Wee, produced 'Every Moment Counts: a narrative for person centred coordinated care for people near the end of life'. <http://www.nationalvoices.org.uk/every-moment-counts-new-vision-coordinated-care-people-near-end-life-calls-brave-conversations>

3.2. This report outlines five themes that people say are key to coordinated care near the end of life:

- We work for my goals and the quality of my life and death

- I have honest discussions and the chance to plan
- The people who are important to me are at the centre of my support
- My physical, emotional, spiritual and practical needs are met
- I have responsive, timely support day and night

3.3. In May 2015, the Parliamentary and Health Service Ombudsman also published a report on End of Life Care. The Ombudsman makes final decisions on complaints about the NHS in England, including where there is a dispute. The Ombudsman service identified a range of issues with end of life care from its casework. The Ombudsman service looked at investigations it had completed about end of life care (the care and treatment someone has received in the last 12 months of their life) to highlight where things are going wrong to help ensure improvements are made. The report identifies six key themes that the Ombudsman service regularly sees in its end of life care casework. These are:

- Not recognising that people are dying or responding to their needs
- Poor symptom control
- Poor communication
- Inadequate out-of-hours services
- Poor care planning
- Delays in diagnosis and referrals for treatment

<http://www.ombudsman.org.uk/about-us/news-centre/press-releases/2015/too-many-people-dying-without-dignity,-ombudsman-service-report-finds>

3.4. The issues highlighted in both of these reports were reflected in the discussions held at the Health and Wellbeing Board seminar.

4. Outcomes

4.1. A write up of the seminar is attached to this report. The seminar generated engagement from a wide variety of partners in the ambition to support a good end of life experience in Hampshire. There was consensus about the priorities that would support good end of life care. As the Health and Wellbeing Board provides strategic direction for health and care services, the Board is well placed to promote the messages that came out of the event.

4.2. Themes that came through the session were:

- The importance of person centred care, which recognises what is important to the individual, and gives them choice and control.
- Availability of carers and nursing staff 24 hours a day, to support end of life patients in their preferred setting
- The need to have conversations about end of life, to help individuals to plan
- The need for organisations to work smoothly together to provide well integrated care, including sharing information about the person's preferences, and being able to build on a shared care plan

5. Future direction

- 5.1. Feedback from delegates indicates that the event was well received. There was a positive atmosphere of commitment to improvement. Those that attended will have taken back what they have learned to apply to their work.
- 5.2. The Health and Wellbeing Board can pick up on the priorities identified through the event, and the suggestions from delegates feedback, to promote good end of life care in Hampshire.

6. Recommendations

That the Health and Wellbeing Board:

- 6.1. Nominate an End of Life Care Board Member, to champion person centred end of life care on behalf of the Board
- 6.2. Promote the approach of using one 'advance' care plan that can be shared between organisations, built over time, and include the things that are important to the individual.
- 6.3. Continue to seek and support opportunities to enable availability of 24 hour nursing care and/or support for people and their families at end of life.
- 6.4. Ensure integration plans across health and social care (and with charities and the broader community) support the delivery of person centred end of life care.
- 6.5. That the seminar report be disseminated to End of Life Care leads in Hampshire via the CCG led End of Life Steering Groups and the regional Wessex End of Life Care group.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	no
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	no
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

The report recommends supporting person centred end of life care, therefore this supports considering an individuals circumstances when providing support. This approach is in line with the requirements of the Equality Act 2010 to treat people equally, meet needs appropriately, and minimise disadvantages experienced.

2. Impact on Crime and Disorder:

2.1. No impact on crime and disorder is anticipated.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

It is not anticipated that the recommendations from this report will impact on these areas.