

Cabinet Response to the Health in Hackney Scrutiny Commission Review into End of Life Care**CABINET MEETING DATE****24 July 2017****CLASSIFICATION****Open****WARD(S) AFFECTED****All Wards****CABINET MEMBER****Cllr Jonathan McShane
Health, Social Care and Devolution****KEY DECISION****No****GROUP DIRECTOR****Anne Canning
Children, Adults, Community Health**

1. Introduction

- 1.1. It has been one of the great ambitions of public health in Hackney to improve the end of life care that is provided in our borough, and to have a service that supports those at such a difficult and challenging time to make informed choices, surrounded by those who care for them, and supported by professionals who are sympathetic and empathetic to their individuals needs and requirements.
- 1.2. The Commission's review, and the responses from some of our partners, indicates the seriousness with which end of life care is taken, and that it is fully recognised that ensuring our residents, and those who care for them, are able to take control provides a level of dignity and freedom in the final stages of life that can ease pain and provide comfort.
- 1.3. However recent reports indicate that there is much more to be done across all sectors to truly deliver the levels and type of care that we would all expect and want for our loved ones, and ourselves. It is my hope that this timely report from the Scrutiny Commission provides the necessary clarity to help us realise the ambition we have for Hackney.
- 1.4. I commend this report to Cabinet.

2. Recommendation

- 2.1. The Cabinet is asked to approve the content of this response.

3. Executive Response to the Scrutiny Recommendations

<p>Recommendation One</p> <p>The Commission recommends that the new Unplanned Care Board use the new Quadrant work stream to ensure that processes for communication with patients at end of life and coordination between agencies are firmly in place, that they continue to be adhered to and that work is undertaken to improve them.</p>	<p>The City and Hackney Clinical Commissioning Group (CCG) Unplanned Care Workstream have confirmed that they are currently in the process of developing their work plan and are using data analysis to drive the development of a business case for the revised 'quadrant model'.</p> <p>Data analysis is expected to be completed over the summer, meaning that full implementation of the revised model will start later in 2017, or early 2018. An update can be provided for the Scrutiny Commission.</p>
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<p>Recommendation Two</p> <p>The Commission requests the GP Confederation, as operators of the Coordinate My Care system, to:</p> <ul style="list-style-type: none"> (a) Ensure all health partners are active in ensuring that there is greater uptake of CMC (b) Ensure that all relevant health and care providers can and do access CMC records for patients in their care (c) To report back on the pilot whereby social workers were given access to a GP Practice's EMIS system and the viability of extending this. (d) Explain why patients of children's hospices are not currently included in CMC. 	<p>Coordinate My Care (CMC) is an NHS clinical service currently available across London and funded by the 32 Clinical Commissioning Groups (CCGs). It is designed to empower patients to have choices about the care they receive and to make those choices known to those who care for them.</p> <p>In Hackney, CMC is under the governance of the Integrated Care Programme Board, which comprises the City and Hackney CCG, the London Borough of Hackney, The City of London Corporation, East London NHS Foundation Trust, Homerton University Hospital, One Hackney and the City, and the City and Hackney GP Confederation.</p> <p>The Programme Board is working to ensure uptake is maximised amongst all relevant partners. In part this will be done through the wide use of the EMIS Web, a</p>
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	<p>clinical system that allows our health partners to record, share, and use vital patient information in order to provide better and more efficient care. Within that system all patients with CMC care plans created under the end of life care contract and frail home visiting contract are flagged.</p> <p>The Integrated Care Programme Board has agreed that CMC will be used as the shared urgent care plan for end of life care patients and frail elderly patients across as many care settings as possible. Implementation will be staggered to make sure it's embedded properly, that staff are fully trained, and that it integrates with our existing systems.</p> <p>With that being successfully delivered this year the roll out will be widened to include other patients, including children. The widening process will include bringing on relevant partners.</p> <p>An update on the roll-out of CMC can be provided to the Scrutiny Commission when complete.</p>
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<p>Recommendation Three</p> <p>The Commission requests the Chief Nurse of HUHFT to explore how, as part of their initial and continuing training, the Homerton's nurses and Health Care Assistants could learn from going on secondments to Hackney's care homes to share best practice in caring for frail elderly people e.g. in washing, feeding and hydration.</p> <p>The Commission would also like to be advised how the training modules for geriatric and palliative care have developed of late and what scope there is for increasing joint training with care homes.</p>	<p>Our partners at Homerton University Hospital Foundation Trust have confirmed that all doctors and nurses directly employed receive mandatory annual training in both the care of the dying, and palliative care by the Hospital's own palliative care nurses. In addition there is a consultant on call and a clinical specialist on site to provide direct support for all staff.</p> <p>The hospital has developed a multi-professional end of life training session for higher trainees,</p>
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	<p>nurses, operational therapy workers, physiotherapists, and social workers. It is designed to help health professionals to;</p> <ul style="list-style-type: none"> • better consider ways to meet patient and family needs and preferences; • examine the benefits of shared, informed decision making and learn about the priority of timing in the context of the patient journey; • explore and interact with the patient to apply clinical knowledge and non-technical skills; • improve clinical decision making skills and application of knowledge; • develop an awareness of the dilemmas faced by healthcare professionals when acting as an advocate; • understand the implications for patients', their families and healthcare professionals when making difficult decisions such as DNR or withdrawal of treatment. <p>The Homerton End of Life Care Board reviews training to ensure that they are providing the level and quality required to ensure the highest levels of service and assistance for patients and their families.</p>
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<p>Recommendation Four</p> <p>The Commission recommends that the new Unplanned Care Board work with the City and Hackney EOLC Board to examine how outcomes for frail elderly patients at end of life might be improved if a better co-ordinated system of controlling movement between care homes and acute settings was instigated and care home staff were supported to access advice</p>	<p>The City and Hackney Clinical Commissioning Group (CCG) Unplanned Care Workstream are in the process of developing formal governance structures and reporting lines for their sub-boards, including those for the City and Hackney End of Life Care (EOLC) Board.</p>
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<p>from other sources where appropriate. Furthermore we request London Ambulance Service to examine their Clinical Triage Process on responding to calls from families of very frail elderly people at end of life stage in care homes where families want the patient transferred to acute care. What are the guidelines here and who do the LAS staff take direction from? Are Paradoc always called out? LAS also to be mindful that advance care plans/CMC records may be in place and these would need to be consulted.</p>	<p>Work with care homes is included in the EOLC Board work plan, as part of the expansion of the St. Joseph's Hospice Community Nurse Specialist team, with work due to start in late summer when the recruitment process is complete.</p> <p>Discussions have begun about the Unplanned Care Workstream taking on responsibility for this work area. Separately the London Ambulance Service have indicated that they will feed into this process.</p>
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<p>Recommendation Five</p> <p>The Commission's recommends the CCG's EOLC Board to consider how lines of responsibility can be better communicated to families of EOLC patients so that it is clear to them who is taking responsibility at each stage of the process</p>	<p>This issue will be discussed at the next Clinical Commissioning End of Life Care (EOLC) Board in late July to discuss how Hackney's GPs can better communicate to patients the range of services available to them as support, and that responsibility for their care remains with their GP.</p>
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<p>Recommendation Six</p> <p>The Commission requests the Chief Nurse of HUHFT and the Chair of the CCG's EOLC Board to report back on how training of clinicians in having difficult conversations around End of Life Care issues could be improved. This should include the need for Advance Care Planning, Advance Decision to Refuse Treatment, Do Not Attempt CPR plans and the need to get more patients onto systems such as 'Co-ordinate My Care'.</p>	<p>A training event on better identifying people at the end of their life, having difficult conversations with patients, and recording these effectively on a care plan is happening later in the summer.</p> <p>This is ostensibly aimed at GPs but will be expanded to include a session prior to the training module to encourage all staff who provide end of life care to be aware of the range of services, support, and tools available to improve early identification and having conversations with patients.</p> <p>Ongoing training provided via a number of routes, including via St.</p>
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	<p>Joseph's Hospice, CCG masterclasses, and external training, to a number of staff groups, and the impact of these along with learning about format and delivery are talked about repeatedly at City and Hackney End of Life Care Board and Homerton End of Life Care Board to ensure that they are both providing the level of training required to ensure the highest levels of service and assistance for patients and their families.</p>
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<p>Recommendation Seven</p> <p>The Commission requests St Joseph's to work with the CCG's End of Life Care Board on increasing awareness of St Joseph's services locally, including working towards equality of access for different communities in the borough and to better signpost other EOLC support in the borough. In particular there needs to be an emphasis on reaching and supporting carers. The plan should also consider how more specialist services, such as St Joseph's Namaste care, for example, can be promoted.</p>	<p>Agreed. Our partners will continue to work together to ensure that our residents are made aware of all the end of life services available in our borough. This will include reaching out to Hackney's carers and better communicating the work of specialist services.</p>
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<p>Recommendation Eight</p> <p>The Commission recommends to the End of Life Care Board to work towards making City and Hackney a 'Compassionate Community' as per Devon's 'Compassionate Community Hub' and report back on how the issues raised in the NCPD report could be taken forward locally. This would involve close working with HCVS, Age UK East London, Older People's Reference Group and Connect Hackney. The Hub would bring together a Caring Network Forum, Peer Support Groups and community engagement activities.</p>	<p>The National Council for Palliative Care's 'Dying Matters' Compassionate Community programme, which advocates a whole systems approach and reaches out beyond public health providers, is rightly seen as the model approach for a local community to take.</p> <p>Hackney's public health partners are examining the results of the work that has been underway in Devon and has committed to working towards making Hackney and the City of London a</p>
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	<p>compassionate community.</p> <p>This would represent the next step of the work already underway to better bring together the different organisations who already deal with end of life care.</p>
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<p>Recommendation Nine</p> <p>The Commission requests Connect Hackney to consider using part of its funding to increase awareness about End of Life Care issues for older people. This could focus on what is the current local offer and how it might be improved</p>	<p>Connect Hackney is a project led by older people, for older people, principally focused on issues relating to social isolation.</p> <p>Connect Hackney would be keen to support people at risk of social isolation to cope with significant life changes such as diagnosis of an illness and currently helps support St. Joseph's Hospice's Compassionate Neighbours project.</p> <p>As a result of both the nature of the organisation, and existing commitments, Connect Hackney must focus on programmes that aim to assist with reducing social isolation. However Connect Hackney will take the Scrutiny Commission's recommendations into consideration as they review their programme model over the summer. This process is due for completion by September.</p>
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<p>Recommendation Ten</p> <p>The Commission requests HCVS and in particular Connect Hackney and Age UK East London to examine how there might be a greater role for the sector locally in facilitating discussions with patients at End of Life stage. This could focus on the desire to die at home, the need for ACPs, the need for a will, the need to consider lasting power of attorney for health and welfare decisions etc. This builds on the work</p>	<p>Hackney's community and voluntary sector are aware supportive of the importance and value of ensuring our residents receive the end of life care that they require and choose.</p> <p>This can be seen in the support already provided projects such as Compassionate Neighbours. There is, however, a recognition,</p>
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of St Joseph's 'Compassionate Neighbours' volunteers but would have a focus on end of life care planning rather than general support and befriending.

as there is amongst all organisations involved in this area, that more can be done. Especially in relation to some of the areas that the review highlighted, including the need to prepare people to create wills, or mechanisms relating to power of attorney decisions. So both this scrutiny review and this recommendation will be fully considered.

Recommendation Eleven

The Commission requests the Council's Adult Services and the Compassionate Neighbours Co-ordinator at St Joseph's to explore how the Compassionate Neighbour volunteers can better signpost clients into council advice and support services and on the other hand how social workers might be able to refer possible clients who are socially isolated into the Compassionate Neighbours scheme, therefore maximising take-up of it.

Saint Joseph's Hospice's Compassionate Neighbours service is a volunteer-led project which aims to decrease the social isolation experienced by people who are at the end of their lives. The project matches volunteers who support people locally with those who require their help and support, including those who care for friends and family members nearing the end of their life.

The volunteers are recruited to the project via a programme of outreach to people from communities in East London who might not traditionally access formal hospice services.

The project has support from organisations such as Connect Hackney because of its focus on people who are at risk of social isolation, either as a result of their own health, or the health of those they are caring for.

As part of the project the volunteers undergo 8 weeks of training, and are asked not just to offer companionship and support, and help to stay in contact with friends and the community, but are also explicitly tasked with directing individuals to other support

	<p>services. These services include those provided by the Council and other community and voluntary sector organisations.</p> <p>In addition the Council's Adult Services department are prepared and able to refer individuals to the Compassionate Neighbours project who may not initially present themselves as individuals having to deal with end of life care issues, but who officers are concerned may face social isolation as a result of them.</p>
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<p>Recommendation Twelve</p> <p>Whilst the Commission supports the current NHS guidance that a patients' right to know and to make their own decisions supersedes the rights of their family, the Commission would like HUHFT and St Joseph's to explain what work they are doing with the Charedi community to address that community's concerns about what they consider as a lack of culturally appropriate end of life care. The Commission also requests St Joseph's to report on progress being made in driving up the use of the hospice by other BME communities where there may be other cultural sensitivities.</p>	<p>Public Health England (PHE) have prepared guidance for our public health partners to better understand the needs of patients from some of Hackney's communities. This includes papers such as PHE's 'Faith at end of life' which aim to educate clinicians of specific faith based needs. Work is underway with the Charedi community to ensure that our partners are dealing with them in a way that ensures full respect, whilst also reflecting the need to focus on the specific requirements of individual patients.</p> <p>In service of this training has been in place to help public health workers to identify if the person they care for ascribes to a particular religion, and whether they expect this to have a bearing on their end of life care, and to expressly ask whether they have particular spiritual needs related to the end of life, listen to and record these needs. This includes consultation with families, where requested and appropriate.</p> <p>In order to ensure that the services and facilities provided by St.</p>
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	<p>Joseph's Hospice are fully known and understood, the hospice, through projects such as Compassionate Neighbours, aims to recruit volunteers via a programme of outreach to people from communities who might not traditionally access formal hospice services.</p> <p>This includes those whose particular culture or faith means they have specific requirements in the run up to and aftermath of death, but are not certain a hospice will be able to fulfil them. St Joseph's are also focusing on other communities who use of the hospice perhaps do not reflect their numbers in the borough.</p>
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<p>Recommendation Thirteen</p> <p>The Commission recommends the Cabinet Member of Health Social Care and Devolution include the concerns of the children's palliative care sector when considering the reconfiguration proposals underway as part of the NEL STP. This also applies to reconfiguration of Urgent Care and Out of Hours Services. Children's palliative care would benefit from being planned across a larger footprint than is currently the case. Variations in funding and structure of support available across borough boundaries makes it difficult for Children's Hospices to plan their services.</p>	<p>I will work with Cabinet Members from our neighbouring boroughs to ensure that as the STP process continues we advocate for a plan that alleviates the concerns raised by this review.</p>
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