

**DUDLEY HEALTH AND WELLBEING BOARD**

**Agenda Item No. 9**

**REPORT SUMMARY SHEET**

<b>DATE</b>	<b>28<sup>th</sup> June, 2017</b>
<b>TITLE OF REPORT</b>	<b>Dudley End of Life Palliative Care Strategy Report</b>
<b>Organisation and Author</b>	<b>Dudley CCG</b> <b>Andrew Hindle - Commissioning Manager for Integration</b>
<b>Purpose of the report</b>	To inform the Dudley Health and Wellbeing Board of the Dudley End of Life and Palliative Care Strategy Plan on a Page and the processes for implementation.
<b>Key points to note</b>	<ul style="list-style-type: none"> <li>• The Dudley End of Life and Palliative Care Document was jointly developed to ensure collective ownership by the organisations and written by the three organisations taking part (Dudley Group of Hospitals NHS Foundation Trust, Dudley Clinical Commissioning Group and Mary Stevens Hospice).</li> <li>• The long term aim of the strategy is to achieve a number of outcomes which are in line with the National Palliative and End of Life Care Partnership Ambitions: Identification, Care Planning, Coordinated Care, Equitable Access 24/7, Positive Experience of Care, Education and Training.</li> <li>• The strategy group will continue to meet on a quarterly basis and ensuring the delivery of the key priorities.</li> </ul>
<b>Recommendations for the Board</b>	That the Board notes and approves the Dudley End of Life and Palliative Care Document and supports the self-assessment and implementation process.
<b>Item type</b>	<i>Information, strategy</i>
<b>H&amp;WB strategy priority area</b>	<i>Services, children, mental wellbeing, lifestyles, neighbourhoods, <b>integration, health inequalities, quality assurance, community engagement,</b></i>

## **DUDLEY HEALTH AND WELLBEING BOARD**

**DATE 28<sup>th</sup> June, 2017**

**REPORT OF:** The Dudley End of Life and Palliative Care Strategy Group (representatives from DG NHS FT, Dudley CCG, Mary Stevens Hospice and Dudley MBC)

**TITLE OF REPORT** Dudley End of Life Palliative Care Strategy Report

### **HEALTH AND WELLBEING STRATEGY PRIORITY**

1. The strategy supports one of the health and wellbeing board's functions to promote integration across partners to maximise health and wellbeing outcomes.

### **PURPOSE OF REPORT**

2. To inform the Dudley Health and Wellbeing Board of the Dudley End of Life and Palliative Care Strategy Plan on a Page and the processes for implementation.

### **BACKGROUND**

- 3.1 The Dudley End of Life and Palliative Care Document was jointly developed to ensure collective ownership by the organisations and written by the three organisations taking part (Dudley Group of Hospitals NHS Foundation Trust, Dudley Clinical Commissioning Group and Mary Stevens Hospice) to help support all organisations delivering care to patients with end of life and palliative care needs and guide them with their own strategy implementation.
- 3.2 The strategy and implementation process was presented and approved by the Dudley Clinical Strategy Board on March 8<sup>th</sup> 2017.

### **THE MAIN ITEM/S OF THE REPORT**

3. *The main information or discussion items and options*
- 4.1 The National Palliative and End of Life Care Partnership in the UK has produced a national framework for local action for the years 2015-2020. This contains the six ambitions for all palliative care services to aim for:-
  - Ambition One: Each person is seen as an individual
  - Ambition Two: Each person gets fair access to care
  - Ambition Three: Maximising comfort and wellbeing
  - Ambition Four: Care is coordinated
  - Ambition Five: All staff are prepared to care
  - Ambition Six: Each community is prepared to help

#### **4.2 Strategy Aims and Desired Outcomes**

The long term aim of this strategy is to achieve a number of outcomes which are in line with the National Palliative and End of Life Care Partnership Ambitions as outlined above. These outcomes are listed below and need implementation across

the whole of the Dudley to achieve the level of quality palliative and end of life care that is needed by all patients and their families.

**Identification**

To ensure all patients and families with palliative care needs regardless of diagnosis or setting are identified in a timely manner.

**Care planning**

To ensure patients and families with palliative care needs are offered the chance to create a personalised care plan.

**Coordinated care**

To ensure the individual plans and care needs of patients & families are fully understood and coordinated effectively by and amongst all supporting agencies. This will involve provision of an effective system to enable shared records.

**Equitable access 24/7**

To ensure all patients and families with palliative care needs regardless of diagnosis or setting can access the right help at the right time.

**Positive rated experience**

To ensure effective data collection including person centred outcome measurement, patient and families experiences. Data collection to support team learning and reflection and policy improvement initiatives.

**Education and training**

To develop and implement a framework for education, training, competency and Continuing Professional Development to ensure all staff have the necessary skills, knowledge and attitude to care for palliative patients.

**3.3 End of Life and Palliative Care Strategy Implementation Self Assessment**

Following the self-assessment process each organisation will be expected to complete the implementation process (appendix 1).

**FINANCE**

5. No financial implications identified at this stage.

**LAW**

6. No legal issues identified by this report.

**EQUALITY IMPACT**

7.1 The services to support people with End of Life and Palliative Care needs and their families/carers are provided regardless of age and are non-discriminatory.

7.2 Services provided by health and social care will ensure that the guidance on equality, diversity and language needs are embedded into the service ethos through appropriate induction, on-going staff training, and quality testing.

**RECOMMENDATIONS**

7. That the Board notes and approves the Dudley End of Life and Palliative Care Document and supports the self-assessment and implementation process.

**Signature of author/s**

A handwritten signature in black ink, appearing to read 'A Hindle', written in a cursive style.

**Andrew Hindle - Commissioning Manager for Integration  
Dudley CCG**