

**Frimley Health and Care**



**Hampshire and Isle of Wight**

**Dying Well: A Deep Dive**

**Frimley and HIOW Integrated Care  
Systems**

**7 October 2021**



**MOVING FORWARD TOGETHER**



## Dying Well:

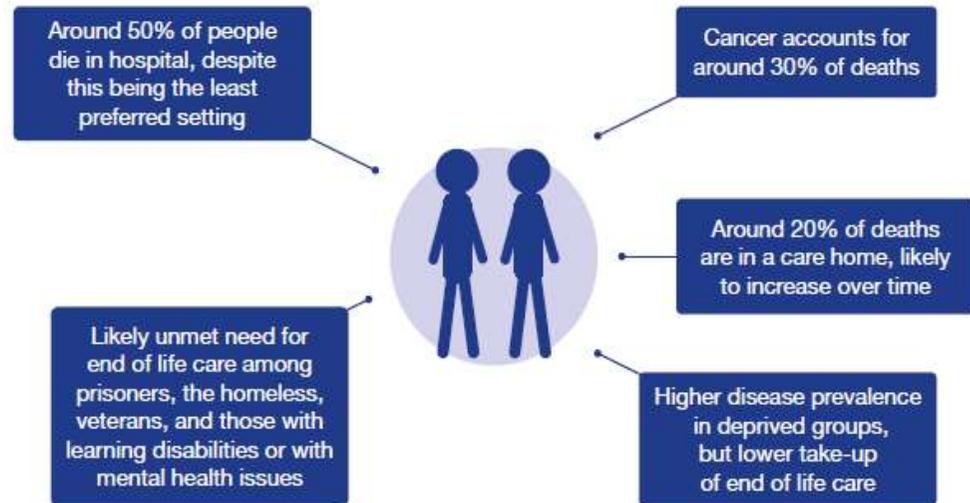
### Key priorities for Improvement

- **Priority 1:** Ensure delivery of person-centred care, choice & control consistent across patch
- **Priority 2:** Support people at EOL to enable their preferred place of death
- **Priority 3:** Enable skills to have early and timely conversations around EOLC.
- **Priority 4:** Shared care plan across organisational boundaries
- **Priority 5:** Improve access to bereavement support

### Desired outcomes at End of Life

- People receive high quality palliative care and supportive care, twenty-four hours per day, seven days per week
- Staff are confident, compassionate and competent to deliver person-centred care and advice which enables a good death

# Hampshire Health & Wellbeing Strategy (2019 – 2024)





# Overview of Frimley ICS End of Life Care Steering Group

- **Frimley CCG:**
  - North East Hampshire and Farnham
  - Surrey Heath
  - East Berkshire
- **Stakeholders of the group:**
  - Local authority / Social Care
  - Primary, Community and Secondary Care
  - Voluntary sector
  - Children's EOLC steering group feeds into this group
- **Task and Finish Groups:**
  - ReSPECT rollout - ongoing
  - Education and training - closed
  - Data and EOLC – picked up as from September
  - Homelessness and EOLC - restarted
  - Medicines Optimisation - ongoing
  - Multicultural and EOLC - Closed
- **Established links with National and Local EOLC networks**
  - Communication and information sharing
  - Lessons learnt
  - Accessing expertise from other ICSs
  - Frimley invite HIOW to steering group meetings and vice versa



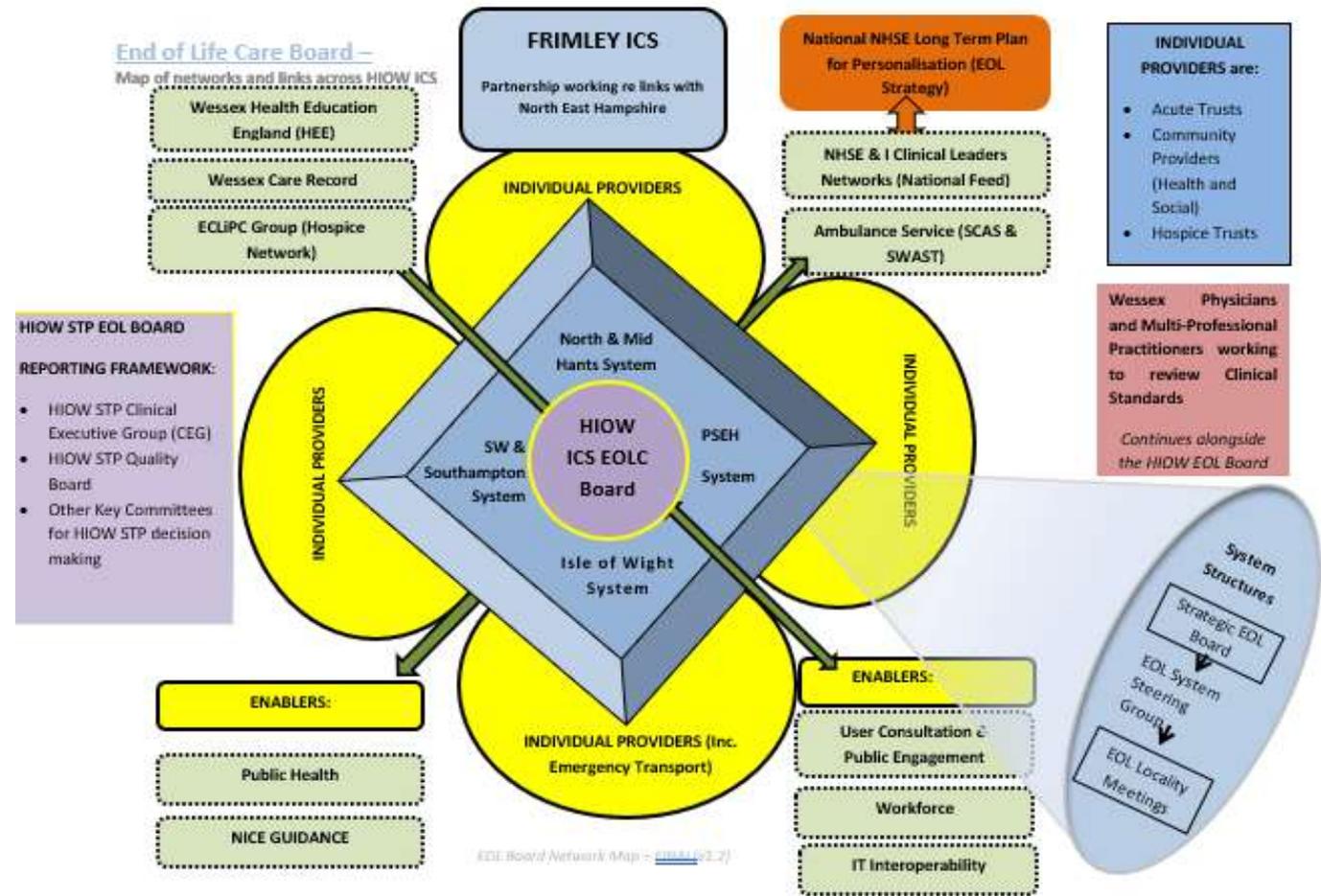
# Overview of HIOW ICS End of Life Care Board

---

- **End of Life Care Board established across HIOW system**
- **Excellent Engagement** from wide range of Professionals with extensive experience of End of Life Care
- **Representation from EOLC Specialists across Adults & Children inc.**
  - Senior Clinical leads from acute and community
  - HIOW Commissioning leads
  - HIOW Operational leads inc. Unscheduled care, Care Homes
  - Hospice representation
- **Established links with National and Local EOLC networks**  
To widen the communication flows and access to a range of opportunities and expertise.



# Our place in ICS system





## Partnership Working - HLOW & Frimley

---

- Links firmly established between Frimley & HLOW ICS' EOLC Boards – shared expertise and learning.
- Frimley supported HLOW by sharing experiences of “Death Fairs”
- Representation and engagement with SE Regional EOL Team now established, including identification of multiple priorities and workstreams.
- Strategic links between adults and children’s EOLC now strengthened.
- Established HLOW Hospice Collaboration & development of Hospice Collaboration (Frimley ICS).

## HIOW Workstreams

Deliverable	Progress	Next Steps
<b>Deliverable 1:</b> <b>EOL Strategy</b>	<ul style="list-style-type: none"> <li>EOL Matrix developed and shared by National Team</li> <li>HIOW System populating in line with revised EOL Ambitions</li> </ul>	<ul style="list-style-type: none"> <li>To identify gaps in service</li> <li>To identify challenges in EOL Care</li> <li>To inform strategic approach to then address these gaps/challenges</li> <li>To develop process for regular review of EOL Matrix</li> </ul>
<b>Deliverable 2:</b> <b>EOL Interoperability</b> <b>(Links Priority 1/2/4)</b>	<ul style="list-style-type: none"> <li>Survey of key Providers expectations sought and analysis shared</li> <li>Initial Agreement in Principle for delivery of Interoperability model drafted</li> <li>Funding for Business Analyst secured and outline of role out for Expression of Interest</li> </ul>	<ul style="list-style-type: none"> <li>Business Analyst to work with Stakeholders to refine Agreement in Principle and Proposed models for delivery</li> <li>Initial model for TEP/ACP underway</li> <li>To develop road map for pilot delivery</li> <li>Links established with CHIE and ICS Technology Board to secure/maintain support</li> </ul>
<b>Deliverable 3:</b> <b>Training &amp; Education</b> <b>(Links Priority 3)</b>	<ul style="list-style-type: none"> <li>Mapping exercise of existing training and education provision now complete.</li> <li>Group working to review gaps in provision</li> <li>Links established with HEE to consider adapting learning pathways</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing review of gaps in provision</li> <li>Ongoing development of Learning Pathways</li> </ul>
<b>Deliverable 4:</b> <b>Early Identification</b> <b>(Links Priority 1/3)</b>	<ul style="list-style-type: none"> <li>Working Group lead identified: Associate Director of Community Engagement and Patient Experience (Solent NHS Trust)</li> </ul>	<ul style="list-style-type: none"> <li>Aim revised to “to improve how and when we identify people who are moving towards the end of their life, to ensure we can care and support them and their families in the way they would wish”.</li> <li>A community conversation with patients, families, carers and those who support them, to be held 1 October to guide our next steps, ensuring we are focussing on what really matter most rather than what we think does.</li> </ul>
<b>Deliverable 5:</b> <b>Bereavement &amp; Care after Death</b> <b>(Links Priority 5)</b>	<ul style="list-style-type: none"> <li>Existing support services provision outlined &amp; developed.</li> <li>Specialist Bereavement training shared via portals</li> <li>Modelling of death fairs underway</li> </ul>	<ul style="list-style-type: none"> <li>Further development of Death Fairs (learning from Frimley)</li> <li>PSEH local development of a Death Fair model supporting diverse communities</li> </ul>

# Frimley ICS Workstreams

Deliverable	Progress	Next Steps
<b>Deliverable 1</b> <b>EOLC Strategy</b>	<ul style="list-style-type: none"><li>EOLC self assessment tool kit used to measure Frimley ICS progress against the 6 ambitions.</li><li>This has now been completed twice with more stakeholders completing the self-assessment which is leading to an upward trend in outcomes against the ambitions</li></ul>	<ul style="list-style-type: none"><li>Gaps identified – now being considered for task and finish groups / tagged onto the current ones.</li><li>Looking at ways to continue improving in those areas that we are progressing well.</li></ul>
<b>Deliverable 2</b> <b>ReSPECT</b> <b>(Links Priority 1/2/4)</b>	<ul style="list-style-type: none"><li>Project Manager is in post, leading on RESPECT work.</li><li>Training is being offered across Frimley ICS</li></ul>	<ul style="list-style-type: none"><li>ReSPECT to be BAU by end of October</li><li>Training data to be maintained and reviewed regularly to identify where support is needed.</li><li>Data from ReSPECT to be used for EOLC data dashboard</li></ul>
<b>Deliverable 3</b> <b>Education and Training</b> <b>(Links Priority 3)</b>	<ul style="list-style-type: none"><li>Mapping of EOLC training completed.</li><li>Localised version of levels of training was produced for all organisations across the ICS.</li></ul>	<ul style="list-style-type: none"><li>Ongoing review of training and education by the steering group</li></ul>
<b>Deliverable 4</b> <b>Multicultural and EoLC</b> <b>(Links Priority 1)</b>	<ul style="list-style-type: none"><li>A booklet for staff has been developed “A Guide to reaching our communities in end of life care”</li><li>Looking at projects that would focus on communities that are seldom heard.</li></ul>	<ul style="list-style-type: none"><li>Staff booklet is ready for publishing and circulation.</li><li>Videos (films) to be created that focus on encouraging the public from different backgrounds to access EOLC.</li></ul>
<b>Deliverable 5</b> <b>Bereavement and Care after death</b> <b>(Links Priority 5)</b>	<ul style="list-style-type: none"><li>5 Death Fair sessions were delivered over a period of 5 months.</li><li>Positive engagement with the general public and other areas that need addressing were raised. This has informed future topics to be covered in the future &amp; Bereavement leaflets published</li></ul>	<ul style="list-style-type: none"><li>Plan activities every year during Dying Matters week</li><li>Future topics to be based on feedback from previous Death Fair sessions.</li><li>Consider sessions that encourage different communities to join e.g. man only Death Fair sessions</li></ul>



# Covid-19 Response

---

- Weekly meetings began during the pandemic to date. To continue until “all clear” is given.
- Group implemented guidance, protocols and pathways to support changes across the system
- Regular updates on guidance and best practice e.g. Treatment Escalation Planning (TEP), symptom management, EoLC medication and supply.
- Webinars for GPs in the south of the patch (SHCCG and NEH&F CCG) DNACPR and Difficult Conversations as part of the session.
- Published a Frimley Health and Care Ethical Framework to help people think about the ethical aspect of their decisions during the pandemic
- Review of the Frimley North Model of 24/7 access to Specialist Symptom Control and Advice, this again was overtaken by COVID-19 Pandemic and formed part of the EoLC COVID-19 Response Team work

# User Involvement & Clinical Engagement

---

## HIOW and Frimley ICS

- Patient representation on specific working groups
- EOLC Board has triggered formation of Hospice Collaborative
- Engagement with patients and carers through existing Patient Involvement forums
- Death Fairs sessions – public gave topics they would like to hear about in the future

## HIOW

- *Building on Alongside Communities Approach* - A community conversation with patients, families, carers and those who support them scheduled 1 October 2021 to guide our next steps (*community wide rather than EOLC specific*).

## Frimley ICS

- Multicultural videos – patient experiences to be captured via films. Patients will be from different ethnic backgrounds.





# Our Challenges

---

## HIOW and Frimley

- **Access & Oversight of ICS wide data:** identified as a priority workstream by SE Regional EOLC Team.
- **Impact of Covid-19:**
  - Delivery of workstreams delayed, some groups placed on hold. All groups have restarted.
  - Late diagnosis of patients on PEOLC caseloads, impacting on patient care alongside clinical capacity and resource within service. Subsequent impact on workstream delivery.
- **User Engagement:**
  - Challenge to identify and secure engagement from patients and carers with current EOLC experience. Plan in place to seek engagement from generic patient engagement forums.
- **Workforce Resource and Expertise:**
  - Challenges around stability of workforce and maintaining consistency of EOLC expertise.
  - Previously Homelessness and EoLC workstream had to be paused. One of the clinical lead's funded post ended and there was no alternative funding in place.
  - **Engagement of some key stakeholders (e.g. Primary Care/ASC) has proved challenging:**
  - To note, Provider leading in HIOW. Further engagement from central ICS resource now sought.

## HIOW

- **Capacity for specialists to support development and delivery of key workstreams:** limited funding secured for ICS programme management support only.

MOVING FORWARD TOGETHER



# How can the Board support us?

---

## HLOW and Frimley ICS

1. **End of Life Care Strategy:** Agreement to the direction of travel we are taking in developing our workstreams
2. **Access & Oversight of ICS wide data:** Agreement to the outlined approach to develop dashboard in line with National work.  
To support discussions with commissioning bodies to outline expectations (supported by Public Health data expertise).
3. **Capacity for specialists to support development and delivery of key workstreams:** continued support for sustainable funding and ensuring EOL is a priority area for available specialist capacity
4. **Improved engagement of key stakeholders (Users/Primary Care/ASC):** request support to improve engagement from partners
5. **Complexity of digital interoperability agenda to enable user access:** Agreement to our approach to pilot small scale services within patch (HLOW) and support prioritisation of agenda at technology boards.
6. **Continue to consult together around Dying Well Agenda:** to work together to review and update the Dying Well plan in line with current requirements. To clarify process for ongoing reporting and escalation.