NHS
Northumberland
Clinical Commissioning Group

Northumberland Palliative Care and End of Life Strategy March 2022

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Challenge from OSC

- Recommendation from Northumberland Overview and Scrutiny Committee (OSC) to review current End of Life strategy and update as required
- To ensure strategy reflects the health and social care system including voluntary/community groups
- The need to engage further with local population including hard to reach groups
- Strategy will encompass care in hospital, out in the community and within peoples homes

How?

- Formation of a task and finish group
  - Representation: Local councillors, Patient representative, Healthwatch, Social Care, Secondary care Palliative Care Lead, Geriatrician, Community Palliative Care Lead, Public Health analysts, Communicative & Engagement leads, GP Lead, CCG Lead
  - First met in January 2020, paused during COVID pandemic then reconvened virtually in late 2020 and met throughout 2021
- Developed a workplan to refresh our strategy

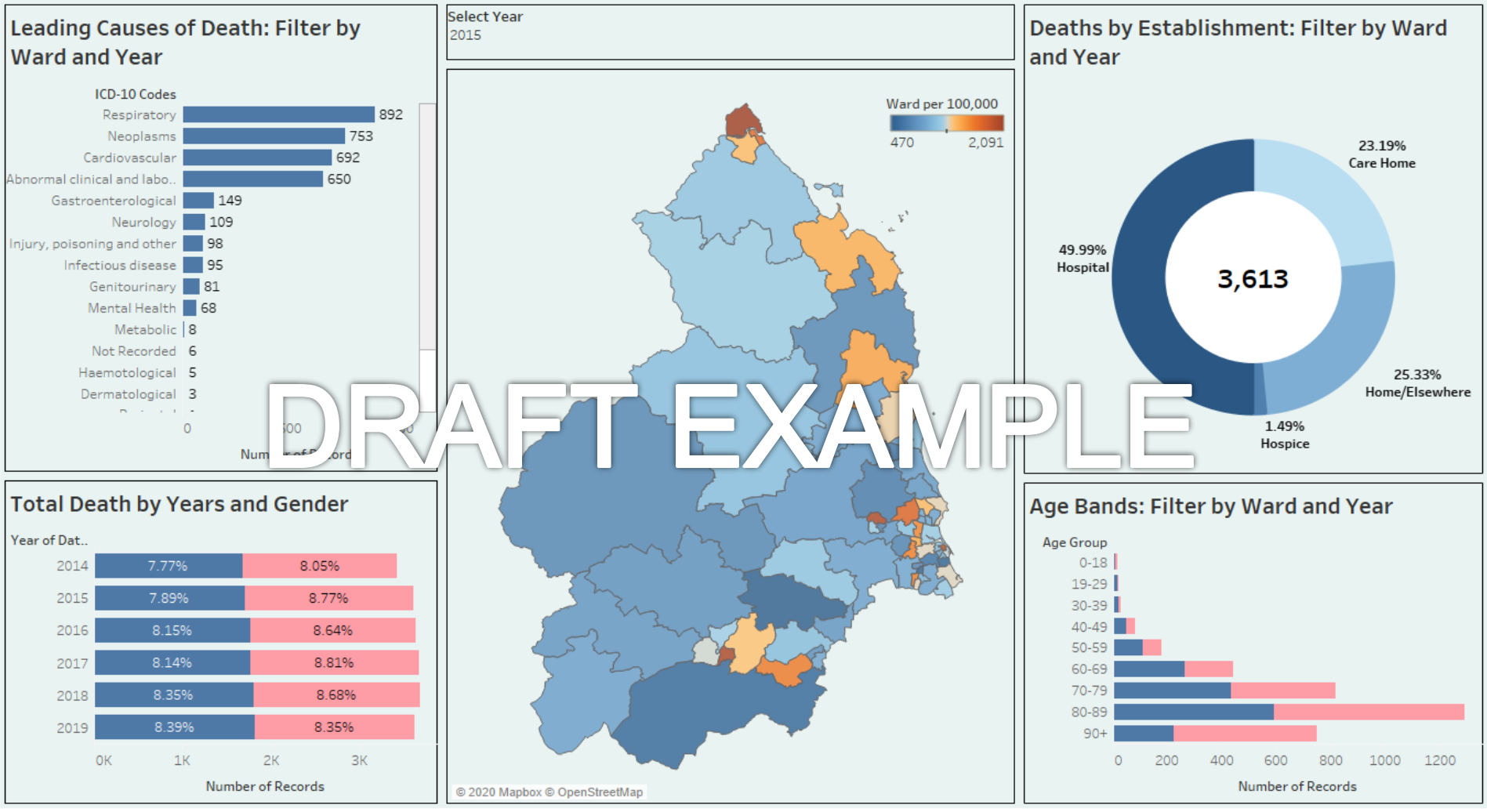
Our Approach

- The task and finish group set out to:
  - **Understanding the Data**: What does it tells us? How can we use data better?
  - **Service Mapping**: Professional and clinical engagement to understand the current pathway in the community and in hospital, identify what is working well and if there are any gaps
  - **Engagement**: Ensure comprehensive engagement with Public, Patients and the voluntary sector
- Develop our future plans, priorities and defining how we monitor success
- Rollout of our Strategy with communications plan

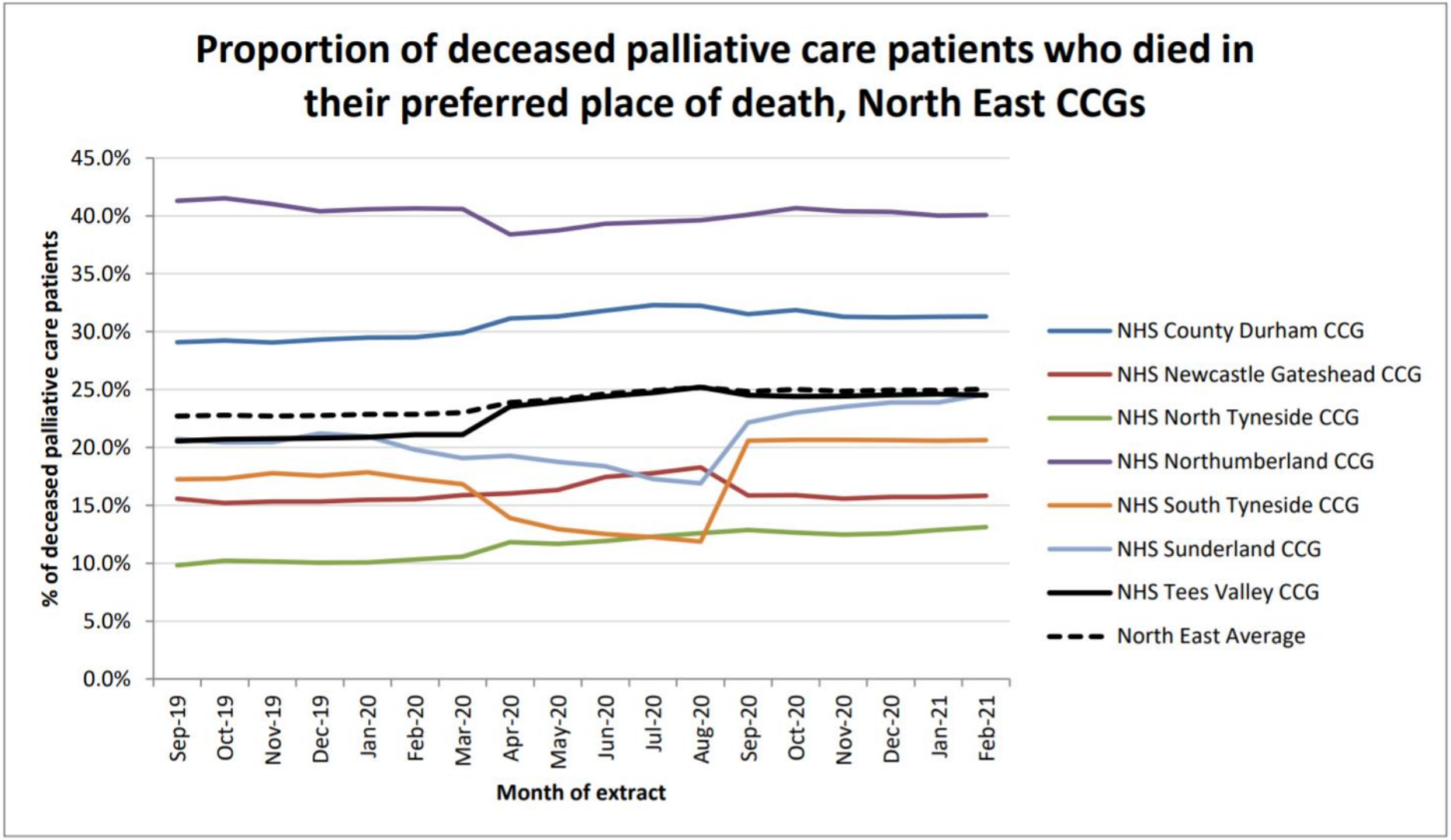
Understanding the Data

- Collection of a wide variety of data with support from Public Health teams at Northumbria Healthcare FT and Northumberland County Council
- Interactive software 'Tableau' to drill down into the available data sources
- Data items include:
  - Causes of death
  - Demographics
  - Place of death
  - Graphical mapping to ward level
  - Comparison by year, area
  - Mortality rates

Data Dashboard - Screenshot



CCG Comparison Report



Service Mapping

- Group have used the National Council for End of Life ambitions
  - National Council overarching vision:

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)"

Service Mapping

Based on the National Council for End of Life ambitions

01 Each person is seen as an individual

I, and the people important to me, have opportunities to have honest, informed and timely conversations and to know that I might die soon. I am asked what matters most to me. Those who care for me know that and work with me to do what's possible.

02 Each person gets fair access to care

I live in a society where I get good end of life care regardless of who I am, where I live or the circumstances of my life.

03 Maximising comfort and wellbeing

My care is regularly reviewed and every effort is made for me to have the support, care and treatment that might be needed to help me to be as comfortable and as free from distress as possible.

04 Care is coordinated

I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond at any time of the day or night.

05 All staff are prepared to care

Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.

06 Each community is prepared to help

I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.

Service Mapping: “Building Blocks”

- For each of the 6 National Council ambitions, providers were asked to identify current services, what works well and gaps
- Example:

Ambition 1: Each person is seen as an individual
Building blocks to achieve this ambition
Effective systems are in place to reach patients who are approaching end of life
Patients to be given information, support and advice so they can make decisions regarding palliative and end of life care
Rapid access to needs based social and health care
Good end of life care includes bereavement

Engagement

- Review of previous work including: ‘A Good Death’ 2009, Good Death Charter 2010 (North East), Every Moment Counts 2015 (National), End of Life Care 2018 (IPPR)
- Comprehensive engagement conducted in 2021 through a range of online and in person sources including Healthwatch, Independent Qualitative and Quantitative research including a citizens panel and targeting those with protected characteristics, public focus groups with involvement from voluntary sector, Staff focus groups
- Consideration of how information collected supports the mapping exercise across each of the 6 Ambition areas
- Introduction of the Concept of “Our Community Commitment”: we all work together to make things better

Our Priorities

- For each ambition, we have:
  - Identified Best Practice
  - Understanding County Wide Variation
  - Gaps in Service Provision
  - Priorities
  - Outcome Measures

Delivering our Strategy

- Establish a **Northumberland End of Life and Palliative Care Monitoring Group** to:
  1. Ensuring all Northumberland residents have access to palliative care support at the time they need it
  2. Ensuring promotion of ‘our community commitment’ across Northumberland so residents know what they can expect if they need palliative and end of life care
  3. Regular review of whether we have delivered on our palliative and end of life care priorities to embed best practice, close any regional variation and address gaps in service provision
  4. Understanding of the full End of Life pathway and appreciation of peoples preferences at End of Life
  5. Highlighting and addressing any inequalities identified within access to End of life and palliative care

Communication Approach

Objectives

- To present a clear and easy to understand way to access Northumberland's Palliative Care and End of Life strategy
- To encourage conversations about what constitutes a good death and share this with loved ones as well as care providers
- Remove the perceived taboo around discussing death and end of life to allow open discussions about what we expect and require

Approach

- Introduction of "Our Community Commitment"
- Information Booklet and supporting materials
- Launch across a range of accessible platforms and
- Use of Death Café toolkit

Our Community Commitment

We will…

We want you to…

Together we will…

Conclusion

- Comprehensive refresh of Northumberland Strategy for Palliative and End of Life Care
- Plans in place to take forwards Priorities
- Establishment of Monitoring Group to ensure high quality care continues
- Communication Plan to support the rollout our strategy and encourage support through ‘Our Community Commitment’
- The start of our journey together