Report title and challenge question(s):  
Progress update on End of Life Care

Priority report relates to (where applicable):  
End of Life Care

Report to: Health and Wellbeing Board 20 March 2019

Report author(s):  
Wherever possible reports should be co-authored, especially when considering issues that affect more than one organisation

Jonathan Cox - Consultant in Public Health

Jonathan Cox@walthamforest.gov.uk

-Please limit your report to a maximum of five pages.

-At the Board, it is assumed that members have read all papers. Unless your paper is for information, you will have 3 minutes to outline your paper before a Board discussion.
1. Introduction

1.1 What is the ‘wicked issue’?
Transformation of end of life care services and place of death

1.2 What are the existing mechanisms/projects to address this issue?
An integrated care system for end of life care service transformation has been established.

1.3 What more can the partnership do? / What is your ask of the board today?
The Board should examine how to further support deaths in the community, for example through the Connecting Communities programme. The Board should also note that hospital respiratory deaths are increasing in frequency and are the only substantial cause for which there is not already an existing trend from hospital to community place of death.

2. Context
As a part of the JSNA process, analysis of ONS mortality data covering the period 2013 to 2017 was undertaken to inform end of life service planning.

Typically there have been about 1,400 deaths annually in the borough. As mortality rates have fallen, there has been a downward trend in the annual number of deaths since 2013.

The number of deaths in hospital has also been declining since 2013. As a consequence, the proportion of deaths in a care home or home has been rising by 0.78% per year over the long term

Eighty percent of deaths in the borough are accounted for by four causes (cancer, circulatory, respiratory, mental/behavioural). Deaths from both cancer and circulatory underlying causes have declined steadily. There have been substantial increases in the proportion of respiratory and nervous system deaths since 2013.

Transformation of palliative and end of life care services requires action on clinical, social and community aspects. An End of Life Integrated Care Transformation Programme was established to oversee transformation of services. Phase 1 of this work has dealt with clinical transformation. In addition to this, a Task and Finish group for End of Life Care was established in 2017 to oversee the non-clinical aspects of service transformation. This Task and Finish group has now concluded.
3. Issue(s)
For cancer, circulatory causes and mental and behavioural disorders, there is already a strong, well-established trend for a reduction in hospital deaths and an increase in deaths in the community (ie home or care home).

These trends pre-date the creation of the End of Life Integrated Care Transformation Programme.

For mental and behavioural disorders, there are already more deaths in the community than in hospital and this trend is set to continue. For cancer, by mid-2022 we can expect to see equal numbers of hospital and community deaths in the borough.

It is only in the case of respiratory deaths, which show marked seasonality, has there been no substantial change in the proportion of community deaths and hospital deaths.

4. Identification of gaps, themes and challenges
Please outline any key service gaps, themes and challenges that need to be brought to the Board’s attention:

The End of Life Care Task & Finish group made excellent progress during 2018. The group met in Sept and Nov 2018 where progress was reviewed. Of the 16 actions outlined in the action plan (see Appendix 1):

Nine are completed and closed. These actions relate to:

- Substance misuse needs in end of life and palliative care are met
- Key question prompts were added to FACE formats to facilitate necessary social care interventions
- Comms skills training for social care staff
- Interface with Co-ordinate My Care
- Needs assessment (see Appendix 1)

Four will complete in 2019 under business as usual with work taking place elsewhere. These relate to:

- Carers engagement and feedback influencing commissioning
- Care contracts include consideration of EoLC
- Workforce training in EoLC
Three were not appropriate for the Task & Finish group will transfer to the EoLC ICS Transformation Board to be carried out as a part of phase 2 EoLC work. These relate to:

- Building end of life community capacity to support death in the community
- Development of EoLC Integrated Care System KPIs
- Provision of rapid access to social care through the work of the Integrated Discharge Review Team

Transfer of these actions was due to be ratified by the EoLC ICS Transformation Board on 6 March. This meeting was however cancelled and so the decision will be made at the next Board meeting.

The most significant gap for the local system is the lack of action to further support deaths in the community. It was therefore proposed that the EoLC ICS Transformation Board prioritise this action by working with Connecting Communities programme on initiatives such as Compassionate Communities.
5. **Proposed solutions**

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Lead agency</th>
<th>Evidence base for recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The HWB ensures that the EoLC ICS Transformation Board develops programmes to support death in the community</td>
<td>EoLC ICS Transformation Board</td>
<td>Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020</td>
</tr>
<tr>
<td>2. The HWB notes that respiratory deaths in hospital are rising as a proportion and that this is the only substantial cause of death for which community deaths are not already increasing</td>
<td>EoLC ICS Transformation Board</td>
<td>End of Life Care JSNA Needs Assessment (Feb 2019) (Appendix 1)</td>
</tr>
<tr>
<td>3. The HWB notes that three outstanding actions are transferring to the EoLC ICS to be carried out under Phase 2</td>
<td>EoLC ICS Transformation Board</td>
<td>Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020</td>
</tr>
</tbody>
</table>

6. **Appendix 1**