

# Westminster Health & Wellbeing Board

<b>Date:</b>	21 <sup>st</sup> January 2016
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	End of Life Care JSNA
<b>Report of:</b>	Director of Public Health
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	To support the Health and Wellbeing Board statutory duty to deliver a Joint Strategic Needs Assessment
<b>Financial Summary:</b>	There are no financial implications arising directly from this report. Any future financial implications that may be identified as a result of the review and re-commissioning projects will be presented to the appropriate board & governance channels in a separate report.
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## 1. Executive Summary

- 1.1 This report summarises the work and findings of the JSNA on End of Life Care, including the recommendations for key partners.
- 1.2 This report requests the Health and Wellbeing Board to formally approve this JSNA for publication, and to take responsibility for monitoring the implementation of the recommendations, holding the relevant partners to account.

## 2. Key Matters for the Board

2.1 The Health and Wellbeing Board is requested to approve the End of Life Care JSNA for publication, and to note how the JSNA will be used to inform local strategic approaches to end of life care.

2.2 The Health and Wellbeing Board is invited to consider the recommendations arising from the End of Life Care JSNA, in particular Recommendation 3, and provide a steer on how this should be implemented locally:

- **Identify clear strategic leadership for end of life care across social care, health and the independent sector.** A lead organisation should be identified with responsibility for ensuring developments are cohesive and aligned. This is also reflected in the recent [Ambitions for Palliative and End of Life Care](#) recommended by the National Palliative and End of Life Care Partnership.

2.3 It is recommended that the Health and Wellbeing Board review progress against recommendations in 1 year from publication

## 3. Background

3.1 To inform a future strategic approach to end of life care and future commissioning intentions, a deep dive JSNA was commissioned to provide a comprehensive evidence base and information about the local population.

3.2 People approaching the end of their life experience a range of physical, emotional and spiritual symptoms. To manage these issues effectively requires integrated and multidisciplinary working between teams and across sectors regardless of whether the person is in their home, in hospital, a care home, or hospice.

3.3 Families and carers of people at end of life also experience a range of challenges and will have their own specific needs which must be addressed before, during and after the person's death.

3.4 While some people experience good and excellent quality end of life care, many people do not. To address the variation in end of life care, it is vital that end of life care is seen as 'everyone's business' and not limited to certain specialities such as palliative care services.

3.5 The focus on supporting people to receive care, and be supported to die in their preferred place of care, requires a future shift in culture which can only be achieved by upskilling the workforce in identifying the dying phase, having difficult conversations and managing end of life care needs and preferences.

3.6 Primary care teams in the community can deliver excellent palliative care for their dying patients and enable patients to die well where they choose when complemented by good access to specialist services, support, and expertise. As

demand for community care increases, it is important to maximise the potential of primary palliative care and the use of frameworks or protocols with good collaboration with specialists.

3.7 Whole Systems Integrated Care (WSIC) and Shaping a Healthier Future (SaHF) strategies and respective local authority strategies provide opportunities to focus on community based care and enhance end of life care.

#### 4. JSNA Recommendations

4.1 There are 5 recommendations, with each recommendation including a range of opportunities for consideration by commissioners for local implementation.

4.2 Recommendation 1 refers to an ambition for the local delivery of high quality, person- centred end of life care designed to improve the experience of the dying person and their families, carers and friends. Recommendations 2 to 5 describe the culture, governance, processes and systems that need to be in place in order to achieve this ambition

4.3 The recommendations are:

Recommendation	Summary
<p><b>Recommendation 1: Maximise choice, comfort and control through high quality effective care planning and co-ordination</b></p>	<p>Everyone with a life limiting long term condition should have care plans which address their individual needs and preferences, particularly as they approach the last phase of life. Their care must be coordinated, with a clear oversight of the respective roles and responsibilities of all health, social care and third sector service providers.</p>
<p><b>Recommendation 2: Promote end of life care as ‘everybody’s business’ and develop communities which can help support people</b></p>	<p>The overall focus of end of life care must be a community model, with input from specialist services when needed. Local leaders, commissioners, professionals and our populations should generate a culture where talking about and planning for the last phase of life is ‘normal’, and all practitioners are willing and able to give end of life care.</p>
<p><b>Recommendation 3: Identify clear strategic leadership for end of life care across both social care, health and the independent sector</b></p>	<p>A lead organisation should be identified with responsibility for ensuring developments are cohesive. Leadership should reflect a community based model across a range of services, with a clearly articulated end of life care vision and ambitions.</p>

<p><b>Recommendation 4: Develop a coordinated education and training programme for practitioners, the person dying, carers and for family and friends (if they wish)</b></p>	<p>Formal and informal training and education programs for all frontline practitioners needs to be coordinated, systematic, visible and evaluated, in line with good practice guidelines.</p>
<p><b>Recommendation 5: Everyone should have easy access to evidence and information</b></p>	<p>More information needs to be easily available. Accessibility in terms of language, style, culture and ability should be reviewed. Evidence and information must be available to commissioners and providers and used to actively improve services.</p>

## 5. Legal Implications

- 5.1 The JSNA was introduced by the Local Government and Public Involvement in Health Act 2007. Sections 192 and 196 Health and Social Care Act 2012 place the duty to prepare a JSNA equally on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB).
- 5.2 Section 2 Care Act 2014 imposes a duty on LAs to provide or arrange for the provision of services that contribute towards preventing, delaying or reducing care needs.
- 5.3 Section 3 Care Act 2014 imposed a duty on LAs to exercise its Care Act functions with a view to ensuring the integration of care and support provision with health provision to promote well-being, contribute to the prevention or delay of care needs and improve the quality of care and support.
- 5.4 JSNAs are a key means whereby LAs work with CCGs to identify and plan to meet the care and support needs of the local population, contributing to fulfilment of LA s2 and s3 Care Act duties.
- 5.5 Implications verified/completed by: Kevin Beale, Principal Social Care Lawyer, 020 8753 2740.

## 6. Financial Implications

- 6.1 There are no financial implications arising directly from this report. Any future financial implications that may be identified as a result of the review and re-commissioning projects will be presented to the appropriate board & governance channels in a separate report.

6.2 Implications verified/completed by: Safia Khan, Lead Business Partner Adults,  
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**If you have any queries about this Report or wish to inspect any of the  
Background Papers please contact:**

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**APPENDICES:**

End of Life Care JSNA: key themes and findings report

**BACKGROUND PAPERS:**

End of Life Care JSNA Supplement 1: EOLC Technical Document

End of Life Care JSNA Supplement 2: Policy and Evidence review