



## PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	16 December 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	HDdUHB Palliative and End of Life Care Strategy Next Steps update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson, Director of Primary Care, Community & Long term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Peter Skitt County Director Ceredigion Lead for Implementation of the Palliative and End of Life Care Strategy

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

This paper updates on the implementation of the Palliative and End of Life Care Strategy that Hywel Dda University Health Board (HDuHB) has approved, the paper describes the steps taken and those currently being worked through to ensure full implementation of the Strategy and achievement of the objective below:

*By July 2022 a Health Board wide Palliative Care Triumvirate will be established with a pooled budget to lead on the implementation of the approved Palliative Care and End of Life Care Strategy. This will deliver on five key outcomes; a regional commissioning framework for third sector delivered services, an evidenced workforce model based on capacity and demand plan with equitable training opportunities, a service model based on best practice from the Swan Cygnet model, an outcomes and delivery dashboard in line with new national requirements, and implementation of the estates benchmarking review. By March 2023 the Triumvirate, in partnership and collaboration with the service, will clearly identify the priority gaps for next wave of strategy implementation.*

#### Cefndir / Background

The West Wales Care Partnership (WWCP) Palliative and End of Life Care principles (PEOLC) were agreed in September 2020 and this document highlighted that whilst there were some reference documents available in Wales and across the UK, there was no All Wales PEOLC strategy nor a related HDdUHB strategy.

The WWCP PEOLC principles clearly articulated the desire to adopt the six positive ambitions defined in the National Palliative and EOL Care Partnership Ambitions for Palliative and End of

Life Care framework<sup>1</sup>, whilst this is a document produced for NHS England, these ambitions are equally valid for the population of Wales;

- 1 Each person is seen as an individual – what matters to me
- 2 Each person gets fair access to care – regardless of who I am, where I live or the circumstance of my life
- 3 Maximising comfort and wellbeing – help me to be as comfortable and as free from distress as possible
- 4 Care is co-ordinated – getting the right help from the right people at the right time
- 5 All staff are prepared to care – staff bring empathy, skills and expertise and give me competent, confident and compassionate care
- 6 Each community is prepared to help – we all have a role to play in supporting each other in times of crisis and loss

Alongside this ambition to implement these ambitions, the Marie Curie report<sup>2</sup> assessing the palliative care needs across the UK nations, confirmed that palliative care need is growing over time and suggests estimates of palliative care need at 75% - 80%, as included in the Wales report, but does not take into account this increased level of need.

It was therefore considered essential that HDdUHB has a robust strategy in place to ensure everyone at the end of life is able to access the specialist care and holistic support they need and that this strategy takes into account robust estimates of palliative care need.

Utilising All Wales Palliative Care funding, HDdUHB commissioned an external review of palliative care and end of life services. This work has been developed in phases with the strategy being developed and agreed already.

## The Ask

- 1) Map existing service delivery against best practice
- 2) Analysis of demand against best practice
- 3) Review of information sharing arrangements
- 4) Review of how the needs of our population are being supported

## Deliverables

- 1) Mapped existing service provision
- 2) Developed a maturity matrix based on WWCP Palliative & EoLC standard
- 3) Benchmarked workforce
- 4) Created an indicative dashboard
- 5) Reviewed best practice

## Key Findings

- 1) Governance & Strategy Development – need to develop a structure and strategy
- 2) Workforce Development – need for equitable training
- 3) Service Development – need to develop service model
- 4) BI & Data – need to develop dashboard and data dictionary
- 5) Digital & Estates – need to review current arrangements and benchmark against best practice

<sup>1</sup> National Palliative & EOL Care Partnership (2015) Ambitions for Palliative and EOL Care; A national framework for local action 2015 - 2020

<sup>2</sup> Marie Curie (2016) An Updated Assessment on Need, Policy and Strategy – Implications for Wales

## The Ask

- 1) Governance & Strategy Development  
Quick Wins;
- 2) Workforce & Service Development - Audit training provision & service delivery & benchmark against best practice.
- 3) BI & Data –Develop a performance dashboard and data dictionary
- 4) Digital & Estates – Audit current environments and benchmark against best practice. Review lessons learnt from technology developments during COVID.

## Deliverables

- 1) Palliative & EoLC Strategy including end to end service pathway & service transformation implementation plan
- 2) Report on training needs assessment & recommendations on implementation plan
- 3) Performance dashboard
- 4) Report on environments and recommendations against best practice

## Key Findings

- 1) Ownership of strategy – development of leadership team
- 2) Joining up of Dementia and Palliative & EoLC strategies – common themes
- 3) Review of service model re impact of COVID-19 late presentations in terms of diagnosis, demand, impact etc

An All Wales PEOLC service review has recently been undertaken, the draft report has been circulated to health boards. A review of this document has been undertaken to ensure that the local strategy aligns to the direction of travel across Wales in the absence of an All Wales strategy at present

## All Wales Service Review Recommendations

- 1) Undertake a population needs assessment
- 2) Develop a clinical pathway
- 3) Review & modernise funding arrangements
- 4) Develop and support leaders for the future within the current workforce
- 5) Define a strategy for Paediatric services
- 6) Review workforce requirements
- 7) Develop whole system SPC services
- 8) Develop a meaningful outcomes framework

## Hywel Dda Strategy Development

- 1) Population needs assessment – Phase 1 Palliative / EoLC & Phase 3 Dementia
- 2) End to End clinical pathway - development Phase 2 & implementation phase 3
- 3/4) Strategy recommendation – structure & pooled funding arrangements
- 5) Strategy is through age & whole system
- 6) Workforce & Service Development - Phase 2
- 7) Development of SPC model – Phase 3
- 8) BI & Dashboard development – Phase 2 & 3

## Asesiad / Assessment

The strategy document has been approved by the HDdUHB and the final phase of the work to achieve this objective is the implementation the PEOLC strategy.

The PEOLC priorities are in line with the Ambitions for Palliative and EoLC National Framework, the 2019 National Audit of Care at End of Life\_(NACEL) audit and builds on the initial continuous improvement programme.

One of the key deliverables is the creation and embedding of a Senior Leadership Triumvirate dedicated to PEOLC and we are seeking support from the existing Clinical teams for this leadership model . Funding for this leadership team would need to be finalised however if a regional approach to PEOLC services is embedded. It is anticipated that costs savings may be made elsewhere due to re-alignment of services and avoidance of duplication.

Lead Nurse

Clinical Lead

Service Delivery Manager

This fundamental building block for the future of PEOLC is being discussed and potential models are being finalised, however this critical path of the implementation has been delayed by clinical commitments particularly covering the Clinical Nurse Specialist (CNS) vacancies and sickness in the existing Pembrokeshire service. Once appointed, the Triumvirate will lead the

ongoing Strategy implementation with the introduction of an HDdUHB-defined operating model which ensures equity and access across the Health Board footprint.

Any of the outstanding work from the continuous improvement programme from phase 2 will be merged with the appropriate workstream within this new programme of work.

The PEOLC priorities will be overseen by the leadership triumvirate, reporting through to the Health Board PEOLC steering group and each portfolio will be led by a Senior Responsible Officer (SRO) from across the system. For the purpose of this paper, workstream 1 has been excluded as this workstream will be delivered via the Dementia Steering Group and is not dependent on this work.



Priority Area	Outcome of high level of appetite for transformation	Outcome of low level of appetite for transformation
Specialist Palliative Care (SPC) service mapping and development of a new regional SPC service including a transition Standard Operating Procedure (SOP) between Children's and Adults' services. The use of technology will be built into the new service.	Development of a regional SPC CNS, Allied Health Professional (AHP) and Consultant service. The new service will require a change to people's job descriptions, through a formal consultation process and the need for SPC beds will be identified through the workforce/service needs assessment – a service transition plan would be agreed by the executive in line with the new hospital build	Development of a regional SPC CNS and Allied Health Professional service.  This will enable people who are dying and their carers to receive a consistent SPC CNS/AHP service across the region.  It will not <ul style="list-style-type: none"> <li>• Address the inequity of SPC consultant provision across the region.</li> <li>• Review the need , if any, for SPC beds</li> </ul>

Development of PEOLC model for the region with supporting business case, using the best practice principles from the Swan and Midhurst models	Adapting the Swan Cygnet model recommendations within the business case. The adapted service will be piloted in a secondary care setting and within the community via Compassionate Cymru. Care will be provided closer to home and with the introduction of the Swan Cygnet model across secondary care there will be less need for dedicated palliative care beds as death and dying will be everyone's business.	Adapted model will be implemented within the community resources allowing, thereby enabling the general public to be volunteers trained to provide the Swan Cygnet model.
Development of bereavement services in line with the All Wales Bereavement framework; Embedding of the All Wales bereavement standards to any externally commissioned PEOLC service	Monitoring service activities and outcomes against the Bereavement Framework. Streamlining of bereavement services within PEOLC; carers are able to access bereavement services in a timely manner including those requiring anticipatory bereavement support.	Bereavement does not sit with PEOLC; approach to bereavement services is not streamlined with PEOLC services and not all carers are able to access bereavement services in a timely manner including those requiring anticipatory bereavement support.
Adaptation of the Scottish Palliative and EOLC training framework and development of implementation plan as per the recommendations from the PEOLC task and finish group from the phase 1	Adapting the training framework and agree making the framework and training accessible to all staff across the region.	Adapting the training framework and agree making the framework and training accessible to only health board staff across the region.

**Argymhelliad / Recommendation**

The Strategic Development and Operational Delivery Committee is requested to receive assurance:

- That progress on appointing the Triumvirate although delayed by Clinical demand in Pembrokeshire is happening with the full Triumvirate planned to be in place by March 2023
- The future model of care will be clinically designed and delivered
- Service provision will be locally delivered and Health Board wide
- The cross Health Board partnership with Swansea Bay University Health Board will continue and grow

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.2 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 4. Dignified Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Growing older well. 4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	9. All HDdUHB Well-being Objectives apply 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Welsh Government (WG) 2017 PEOLC Delivery plan WG (2008) Palliative Care Planning Group Wales Report to the Minister for Health & Social Services National Palliative & EOL Care Partnership (2015) Ambitions for Palliative and EOL Care; A national framework for local action 2015 – 2020 WG (2020) COVID-19 Hospital Discharge Service Requirements (Wales) HDuHB (2016) End of Life Delivery Plan HDuHB (2019) Together for Health Delivering End of Life Care Marie Curie (2016) An Updated Assessment on Need, Policy and Strategy – Implications for Wales WWCP (2020) PEOLC Principles
Rhestr Termiau: Glossary of Terms:	Explanation of terms is included within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Palliative Care Steering Group Integrated Executive Team/ Regional Partnership Board

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	All accounted through funding streams outlined above
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Equitable outcomes for the population across all ages.
<b>Gweithlu:</b> <b>Workforce:</b>	Not Applicable
<b>Risg:</b> <b>Risk:</b>	Not Applicable
<b>Cyfreithiol:</b> <b>Legal:</b>	Not Applicable
<b>Enw Da:</b> <b>Reputational:</b>	The strategy is the first of its kind in Wales.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not Applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	The strategy reflect the needs of the population.