

## Bundle Public Board 26 November 2020

6.3 Statutory Partnerships Update / Diweddariad ar Bartneriaethau Statudol

*Presenters: Ros Jervis/Jill Paterson*

Statutory Partnerships Update November 2020

WWCP Palliative & End of Life Care Principles 23.10.20



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 November 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Statutory Partnerships Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Ros Jervis, Director of Public Health Jill Paterson, Director of Primary Care, Community and Long-Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Anna Bird, Assistant Director - Strategic Partnerships, Diversity and Inclusion Martyn Palfreman, Head of Regional Collaboration

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth / For Information

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) is a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire and the West Wales Regional Partnership Board (RPB).

The purpose of this report is to provide an update to the Board in respect of the recent work of the three PSBs and the Regional Partnership Board.

##### Cefndir / Background

PSBs were established under the Well-being of Future Generations (Wales) Act 2015 (the Act), with the purpose of improving the economic, social, environmental and cultural well-being of populations within their geographic areas by strengthening joint working across all public services in Wales.

The effective working of PSBs is subject to overview and scrutiny by the Well-being of Future Generations Commissioner and Audit Wales, as well as by designated Local Authority overview and scrutiny committees.

Regional Partnership Boards, based on Local Health Board footprints, became a legislative requirement under Part 9 of the Social Services and Wellbeing (Wales) Act 2014 (SSWBWA). Their core remit is to promote and drive the transformation and integration of health and social care within their areas.

##### Asesiad / Assessment

#### **Carmarthenshire Public Services Board (PSB)**

No meetings have been held since the last Board update paper was presented on 24<sup>th</sup> September 2020. The PSB is scheduled to meet again on 15<sup>th</sup> December 2020.

A link to the Carmarthenshire PSB website is provided below, where copies of agenda and meeting papers are available to review:

<http://www.thecarmarthenshirewewant.wales/meetings/>

### **Ceredigion Public Services Board (PSB)**

The PSB met virtually on 30<sup>th</sup> September 2020 and included a presentation from John Heneghan, Associate Director, Centre for Local Economic Strategies (CLES). Work is being undertaken on a pan-Wales basis with desk top analysis on NHS food procurement. Similar work is being taken forward with Carmarthenshire PSB and links to Health Board strategic objectives being led by the Director of Finance.

Ceredigion County Council presented the Ceredigion Tackling Hardship Strategy which was endorsed as the revision of the Ceredigion PSB Combatting Poverty Strategy. It was acknowledged that the COVID-19 pandemic has resulted in economic and social impacts and the strategy provides a framework to consolidate and develop initiatives to mitigate risk and implement early and preventative action. The Health Board is a member of the Ceredigion Tackling Poverty Group and has contributed to the action plans which support strategy implementation.

A link to the agenda and papers of previous meetings of Ceredigion PSB is provided below:

<https://www.ceredigion.gov.uk/your-council/partnerships/ceredigion-public-services-board/public-services-board-meetings/>

### **Pembrokeshire Public Services Board (PSB)**

The next meeting of Pembrokeshire PSB is scheduled for 24<sup>th</sup> November 2020 therefore no written update has been provided at the time of preparing this report. A verbal update on any key issues will be provided at the meeting.

A link to the agenda and papers of Pembrokeshire PSB is provided below:

<https://www.pembrokeshire.gov.uk/public-services-board/psb-agendas-and-minutes> and a verbal update on any key matters will be provided.

### **Regional Partnership Board (RPB) Update**

The RPB met virtually on 29<sup>th</sup> October 2020. During the meeting, elections took place for the Chair and Vice Chair. Nominations of the current Vice Chair, Judith Hardisty, as Chair and Hazel Lloyd Lubran, Chief Executive of Ceredigion Association of Voluntary Organisations as Vice Chair were unanimously supported. Gratitude was expressed to the outgoing Chair, Councillor Jane Tremlett, for her valuable service to the Board over the past two years.

At the meeting the following key documents were approved for submission to Welsh Government:

- **The West Wales Integrated Winter Plan** – developed jointly by colleagues across the Health Board, Local Authorities and the third sector, the Plan aligns with the national strategic goals for supporting independence, preventing avoidable hospital admissions and improving flow across the system as set out in the national Winter Protection Plan and the Welsh Government's Four Harms. It contains a range of regional and local projects aimed at supporting the health and care system through the upcoming winter period and the second wave of Covid-19. These projects span the whole care and support pathway from proactive (community) care through intermediate care, long term and complex care to hospital care. The plan is supported through the following resources:

- Discharge to Recover and Assess (D2RA) pathway funding, announced on 5 October 2020.
- Health Board allocated Covid-19 funding, as part of its wider delivery of the NHS Wales Operation Framework Q3/4.
- Same Day Emergency Care / Ambulatory Emergency Care, announced as a funding stream outlined on 24 September 2020.
- Urgent Primary Care, announced as a funding stream outlined on 24 September 2020.
- 111/ Contact first, announced as a funding stream outlined on 24 September 2020.

The steering group established to develop the Plan will continue to meet on a fortnightly period throughout the delivery period. Priorities for this group will be to:

- Establish clear metrics for each initiative, linked to regional population outcomes and identifying the anticipated impact of each programme across the system. Draft population outcomes have been developed and were agreed in principle by the IEG prior to consideration by the RPB in September 2019. Work is underway to refine these further and establish a final, single set of outcomes spanning the Health and Care pathway. This will enable consistent and regular measurement of progress by the RPB and individually by partner agencies. We will then monitor shifts in performance on a regular basis and report regionally and nationally on these.
- Closely monitor spend and identify opportunities for redirecting projected slippage to support pipeline projects.
- **Proposals for 2021-22 for the three regional Healthier West Wales programmes**, funded through the Welsh Government's Transformation Fund. These proposals are set out within high level, costed business cases for each programme, informed by a recent independent evaluation undertaken by KPMG and reflecting adjustments made to programmes to support the wider response to the Covid-19 pandemic. On the basis of these proposals, it is hoped that Welsh Government will confirm by the end of November its indicative allocation to West Wales of £6m funding for the transitional year. Once confirmation is received, work will be taken forward by partners to develop detailed delivery programmes for each programme, for sign-off by the RPB.
- **A report on delivery of ICF revenue programmes in Quarters 1 and 2.** The Board noted progress across the programme, and improved arrangements being implemented to ensure full reporting on outcomes and spend across all projects in future quarters. Reference was made to a recent internal audit of partnership governance of the ICF (October 2020), which identified some deficiencies in relation to (1) approval of proposed projects, (2) breaches of Welsh Government submissions deadlines, (3) lack of regular detailed impact and outcomes updates from project owners and (4) level of scrutiny by the RPB. In response to the audit findings, the RPB agreed to a proposal to enhance cross-agency scrutiny of the programme on a quarterly basis, via an extended meeting of the Integrated Executive Group to which financial and ICF programme leads would be invited. The extended group would undertake a rigorous review of updates provided by partners and supporting evidence, addressing gaps prior to presentation to the RPB and submission to Welsh Government.
- **A revised ICF Capital programme**, reviewed to reincorporate the £8m diverted earlier in the year to support the construction of field hospitals as these costs have since been met through the NHS Capital Programme. The revised programme includes a wide range of

projects that will provide vital infrastructure to support new service models across different population groups.

- **A report providing details of (1) interim governance arrangements adopted by the RPB in response to COVID-19, and (2) highlighting significant changes in anticipated need for care and support as a result of the pandemic**, in comparison with that predicted in Population Assessment published in 2017.
- The Board's [Annual Report for 2019-20](#).

The RPB also approved for submission to the Children's Commissioner for Wales a **joint action plan to address recommendations within her report '[No Wrong Door: Bringing Services Together to Meet Children's Needs](#)'** published in June 2020.

Finally, a four year **Regional Carers' Strategy**, developed by the West Wales Carers Development Group, was also approved.

A **self-assessment and development programme** for both the RPB and the Integrated Executive Group, facilitated by the Institute of Public Care, will be delivered over the coming months. This will provide an opportunity to review existing priorities, identify areas for improvement and consider how relationships with other key fora such as the UHB's Transformation Steering Group and PSBs can be further strengthened (see below).

Agendas and minutes of RPB meetings are available [here](#).

On 2 November 2020, the Integrated Executive Group adopted regional Palliative and End of Life Care Principles (see attached) which provide the basis for the development and delivery of services across West Wales. These are informed by a range of national strategies and plans and will provide for equity of outcomes from a range of local delivery arrangements.

### **Collaborative working between the PSBs and the RPB**

A joint regional meeting of Carmarthenshire, Ceredigion, Pembrokeshire and Powys PSBs and the Powys and West Wales RPBs was held on 4 November 2020. The event included presentations on:

- Development of a shared data platform to inform wellbeing planning and service development.
- The Engagement HQ software acquired by regional partners to improve engagement with citizens and communities.
- An update on RPB activity, additional collaborative work undertaken by the RPB and PSBs in areas such as building community resilience and supporting volunteering, and setting out future priorities for joint working between the Boards.
- The UHB's Strategic Discover Report and the work of the Transformation Steering Group
- A shared PSB/RPB priority to develop social and green solutions for health.
- The work of the Dyfed Powys Local Resilience Forum during the pandemic.
- The work of the Dyfed Powys Police and Crime Commissioner.

The Head of Partnership for the West Wales Care Partnership also suggested that governance arrangements for the PSBs and RPB should be reviewed to improve mutual accountability and support joint scrutiny of shared activities within the existing legislative structures.

## Argymhelliad / Recommendation

The Board is asked to:

- Note the PSB update and links to the PSB and RPB websites, where the agenda and minutes of recent meetings can be accessed.
- Note the update from the RPB.
- Note the updates on joint working between the RPB and PSBs.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve population health through prevention and early intervention, supporting people to live happy and healthy lives. Transform our communities through collaboration with people, communities and partners.

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	Well-being of Future Generations (Wales) Act 2015 Social Services and Well-being (Wales) Act 2014
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

### **Effaith: (rhaid cwblhau)**

#### **Impact: (must be completed)**

<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	HDdUHB staff time to support progression of PSB project and delivery group meetings being established to drive forward implementation of the Well-being Plans. The Regional Partnership Board is working collaboratively to deliver "A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board".
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<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Improving the well-being of the population is at the forefront of the two key pieces of legislation that provide a focus for PSBs and RPBs. "A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board" embraces a "through-age" model which will support people in Starting and Developing Well; Living and Working Well; and Growing Older Well.
<b>Gweithlu: Workforce:</b>	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to increased collaboration and integration between services, professionals and communities. "A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board" includes a key programme of work focused on "an asset-based workforce".
<b>Risg: Risk:</b>	Whilst each PSB Well-being Plan is different, there are consistent themes of activity. There is a risk that whilst addressing local need, there may be some inconsistency in approach between counties for our wider population. We have a duty as PSB members to encourage consistency of approach where appropriate in order to minimise inequity. Resourcing the project and delivery groups of PSBs could be considered an "add on" responsibility by staff and the synergy with achieving HDdUHB's goals need to be understood.
<b>Cyfreithiol: Legal:</b>	It is a statutory duty for each PSB to produce a Well-being Plan and Area Plan and for the UHB as named statutory partners to work with the PSBs and RPB to support the development and delivery of the actions within the Plan.
<b>Enw Da: Reputational:</b>	There is a statutory requirement for HDdUHB to contribute to the work of the PSBs and RPB. There is a statutory duty for the UHB to work in partnership with its three partner local authorities to transform health and social care delivery. The RPB Governance arrangements for an essential framework to support operational action.
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	The focus of equality runs throughout the work of the PSBs aligns to a number of the Well-being goals: A More Equal Wales, A Healthier Wales, A More Prosperous Wales, A Wales of Cohesive Communities. This is an update paper therefore no EqIA screening has been undertaken.



# Palliative & End of Life Care Principles

## West Wales Care Partnership





# WEST WALES CARE PARTNERSHIPS PALLIATIVE & END OF LIFE CARE PRINCIPLES

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## WEST WALES CARE PARTNERSHIPS PALLIATIVE & END OF LIFE CARE PRINCIPLES

Approved by;

Version no	Date	Approved

### Version Control

Version no	Date	Amendment
0.1	6th July 2020	Initial draft
0.2	28 <sup>th</sup> July 2020	Amendments following Palliative Care Group Consultation National Audit of Care at End of Life report (2019/20) reviewed and incorporated where appropriate.
0.3	4 <sup>th</sup> August 2020	Amendments from County Director Pembrokeshire, to explain how Palliative & EOLC fit into the whole system approach.
0.4	20 <sup>th</sup> August 2020	Further amendments from Palliative Care group. Reviewed and amended re Ambitions for Palliative and EOLC document.
0.5	27 <sup>th</sup> August 2020	Links to Transformation Fund programmes added
0.6	7 <sup>th</sup> September 2020	Comments from Palliative Care group (HF) added.

## 1. West Wales Care Partnership

### 1.1. Overview

The West Wales Care Partnership (WWCP) is one of seven strategic partnerships in Wales who oversee the delivery of the sustainable social services agenda, more recently 'A Healthier Wales' and ensure that the statutory requirements of the Social Services & Wellbeing (Wales) Act 2014 are met. This includes the delivery of Palliative and End of Life Care (EOLC) for our population.

The Regional Partnership Board (RPB) has representation from key Directors, Elected Members & Independent Board Members/Chair from across the 3 Local Authorities and UHB in West Wales. The RPB has set a number of strategic priorities to be achieved across the organisations and provides overview and scrutiny to ensure delivery. This includes monitoring of all regional funding that is disseminated through the WWCP.

Furthermore, the Integrated Executive Group (IEG) has been established at Regional level which has representation from the 3 Directors of Social Services and a number of Executive Directors' from the UHB which serve as a decision making forum for the region. Since we have entered COVID-19 emergency response, the IEG is recognised as an Integrated Health & Social Care Tactical Command group.

## 2. Purpose and Scope

### 2.1. Purpose

To provide the basis for the development and delivery of Palliative and EOLC services across West Wales, and ensure a consistent focus on equitable outcomes for our population regardless of any variation in local delivery mechanisms.

To ensure that the regional principles and standards for Palliative & EOLC are in line with the Welsh Government Palliative and End of Life Care Delivery Plan<sup>1</sup>, the Palliative Care Planning Group Wales Report to the Minister for Health & Social Services<sup>2</sup> (the Sugar report), the second round audit National Audit of Care at the End of Life<sup>3</sup> and the Ambitions for Palliative and End of life Care framework<sup>4</sup>.

To ensure alignment of the Palliative & EOLC principles and standards with the National Programme for Unscheduled Care and its 6 Goals Framework outlined in the Quarter 2 NHS Operating Framework<sup>5</sup> and associated Welsh Government Discharge Requirements<sup>6</sup> to which organisations must adhere.

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<sup>1</sup> WG (2017) Palliative and End of Life Care Delivery Plan

<sup>2</sup> WG (2008) Palliative Care Planning Group Wales Report to the Minister for Health & Social Services

<sup>3</sup> HQIP (2020) National Audit of Care at the End of Life 2<sup>nd</sup> round audit report (2019/20) England and Wales

<sup>4</sup> National Palliative & EOL Care Partnership (2015) Ambitions for Palliative and EOL Care; A national framework for local action 2015 - 2020

<sup>5</sup> WG (2020) NHS Wales Operating Framework Quarter 2 2020/21

<sup>6</sup> WG (2020) COVID-19 Hospital Discharge Service Requirements (Wales)

## WEST WALES CARE PARTNERSHIPS PALLIATIVE & END OF LIFE CARE PRINCIPLES

To ensure alignment with current Hywel Dda University Health Board delivery plans; Together for Health Delivering End of Life Care<sup>7</sup> and End of Life Delivery Plan<sup>8</sup> which is the local response to the Welsh Government document above.

This document should be read in conjunction with those documents referenced in the footer. Version Control of this document will be held by the Regional Partnership Board and the document will be reviewed in accordance with emerging and revised national guidance and as requested by partners.

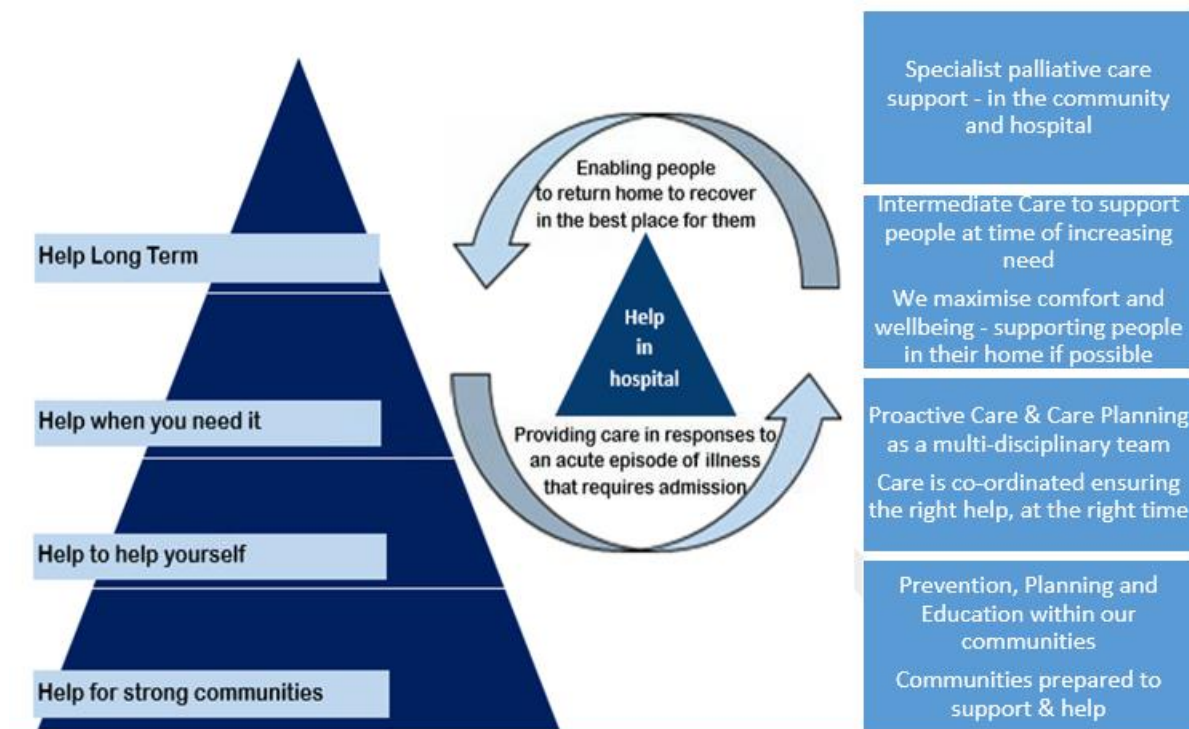
### 2.2. Scope

Palliative care is an approach that improves the quality of life of individuals, including their family/carer, facing problems associated with life-threatening illness/condition, through the prevention and relief of suffering. It recognises the person and the importance and uniqueness of their family and carer and serves to maximise the quality of life and considers physical, social, financial, emotional, and spiritual distress. Such distress not only influences the experience of having a life-limiting illness but also influences treatment outcomes. Good care also facilitates a healthy grieving process for the bereaved.

Palliative care as defined in the Sugar report can be split into 2 categories;

- 1) General palliative care, delivered by health professionals in a generalist setting
- 2) Specialist palliative care, delivered by specialist multi-disciplinary teams dedicated to palliative care.

Palliative and End of Life Care impact on all elements of the Health Board strategy for health and wellbeing presented below.



<sup>7</sup> HDuHB (2019) Together for Health Delivering End of Life Care

<sup>8</sup> HDuHB (2016) End of Life Delivery Plan

## WEST WALES CARE PARTNERSHIPS PALLIATIVE & END OF LIFE CARE PRINCIPLES

It is important to differentiate between the terms palliative care and end-of-life care;

**Palliative care** has been defined by the World Health Organization as 'an approach that improves the quality of life of patients and their families facing the problems associated with life limiting illness, through the prevention of, and relief of, suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual.'

Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

**End-of-life** is the timeframe during which a person lives with, and is impaired by, a life-limiting, terminal, or fatal condition. Even if the prognosis is ambiguous or unknown. Those approaching end-of life will be considered likely to die during the forthcoming days, weeks or months. End-of-life care is care needed for people who are likely to die in the forthcoming months due to progressive, advanced or incurable illness, frailty or old age. During this period, people may experience rapid changes and fluctuations in their condition and require support from a range of people, including health services, as well as family and carers.

Palliative care services are considered essential within the NHS Operating Framework for COVID 19 emergency period. Further, Welsh Government issued Primary & Community Care Guidelines<sup>9</sup> during the COVID19 period which outlines the additional principle that 24/7 Single Point of Contact (SPOC) is made available to access such services.

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<sup>9</sup> WG (2020) COVID-19 Primary & Community Care Guideline Implementation Plan V3.

### 3. Principles

In addition to the principles in the care domains above the WG Palliative Care and End of Life Delivery Plan clearly defined the specific priorities for Health Boards for the period 2017-2020 across 7 themes;

1. Supporting Living and Dying Well
2. Detecting and identifying patients early
3. Delivering fast, effective End of Life Care
4. Reducing the distress of terminal illness for the patient and those close to them
5. Improving Information
6. Targeting research
7. Education

The Ambitions for Palliative Care and EOLC local framework outlines six positive ambitions for Palliative and End of Life Care and sets out a framework for local action to help realise these ambitions. Whilst this is a document produced for NHS England these ambitions are equally valid for the population of Wales;

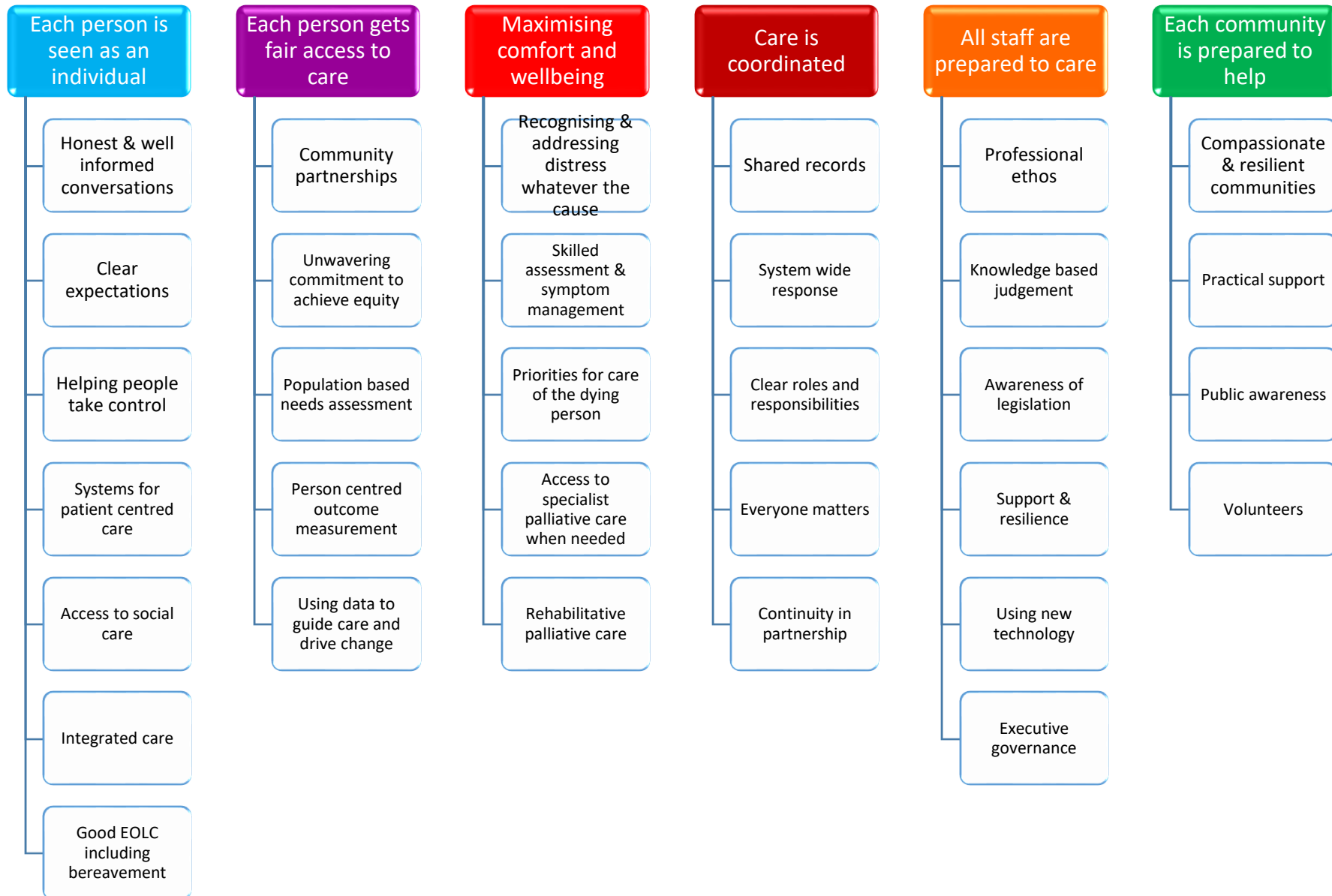
1. Each person is seen as an individual – what matters to me
2. Each person gets fair access to care – regardless of who I am, where I live or the circumstance of my life
3. Maximising comfort and wellbeing – help me to be as comfortable and as free from distress as possible
4. Care is co-ordinated – getting the right help from the right people at the right time
5. All staff are prepared to care – staff bring empathy, skills & expertise and give me competent, confident & 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

This document also identifies eight foundations and building blocks that underpin the 6 ambitions and are required to bring about this improvement;

1. Personalised care planning
2. Shared records
3. Evidence and information
4. Involving, supporting and caring for those important to the dying person
5. Education and training
6. 24/7 access
7. Co-design
8. Leadership

## WEST WALES CARE PARTNERSHIPS PALLIATIVE & END OF LIFE CARE PRINCIPLES

### Building Blocks To Deliver 6 Ambitions



## WEST WALES CARE PARTNERSHIPS PALLIATIVE & END OF LIFE CARE PRINCIPLES

The Primary & Community Care Guidelines and the Hospital Discharge Requirements align with these foundations and building blocks and provide further clarity;

- All patients should have access to high quality palliative care.
- A Single Point of Access is available 24/7 for urgent referrals to the Cluster Supportive Hub Service and Palliative Care Service.
- Cluster Hub Supportive and Palliative Care services are able to respond rapidly within 2 hours of a call and work collaboratively 24/7.
- Care should be provided in the usual place of residence wherever possible and avoid unnecessary emergency admissions to hospital towards the end of life.
- Out of hours support should be delivered by General Practitioner (GP) or District Nursing (DN) staff who have been sufficiently trained in palliative care and have access to 24/7 specialist support and advice. This must also include 24/7 access to medication and equipment.
- Care should be holistic and always cover the key elements of physical, social, psychological and spiritual well being.
- Palliative Care teams should be multi-disciplinary (MDT) and include Doctors, Nurses, Physiotherapists, Occupational Therapists, Pharmacists, Speech & Language Therapists, Dieticians, Social Workers, spiritual care workers and Welfare Rights Workers.
- Care must always be driven by the needs of the individual. The use of appropriate care pathways, eg All Wales Care Decisions Tool to support individualised care in the last days of life should be encouraged, supported by education and training, and clear communication with all involved.
- Patients should be provided with a comprehensive needs assessment undertaken by an appropriately trained professional.
- Services should endeavour to enable patients to die in the place of their choice and offer support to families and carers through the illness and into bereavement.
- The specialist MDT must nominate a key worker to act as a co-ordinator and advocacy role for patients, carers and families.
- Services for children and young people may need to adopt a different approach to adult service, and the providers should adhere to the quality measures set out by the National Service Framework for Children and Young People<sup>10</sup>.
- Education and training is essential to ensure the quality of services; a succession planning strategy should be in place that supports staff to develop skills and qualifications in palliative and end of life care.
- Pooled budgets (between health and social care) should be considered as a way to alleviate questions of 'who is responsible for paying'.

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<sup>10</sup> NSF (2004) Children, Young People and Maternity Services Core Standards



## WEST WALES CARE PARTNERSHIPS PROACTIVE CARE PRINCIPLES

### 4. Implementation

The Marie Curie report assessing the palliative care needs across the UK nations<sup>11</sup> confirms that palliative care need is growing over time, and suggests that estimates of palliative care need at 75-80%, as included in the Wales report, does not take into account this increased level of need. In Wales, 6% more people will die every year in 25 years' time compared to 2014. It is therefore essential that we have 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.

Hywel Dda University Health Board has commissioned an external review of palliative care and end of life services, the report will include;

- Assessment and comparison of the information sharing, internally and externally to the organisation, for professional staff groups, patients and the wider public.
- Identify the impact of changes implemented as a result of external funding e.g. ICF funding, implementation board funding, transformation fund or the impact of COVID-19.
- Benchmarking of practice, workforce and patient outcomes across the UK.
- A research review of wider changes made across the UK and emerging best and innovative practice.
- To review how the needs of individuals, family and carers are being recognised and supported through the Palliative Care journey by the 3 Transformation Programmes -
  1. Proactive Tec
  2. Fast-tracked consistent Integration
  3. Connection for all

Through taking time to reflect, benchmark and peer review we will be able to progress to developing a new inclusive strategy, which will ensure our system delivers in the following ways:

**Individual patient / family / carer** : by ensuring our services are designed to deliver based on the individual needs and wishes, regardless of where they live or circumstances of their life, offering the very best quality and experience.

**Individual staff / volunteer** : by ensuring each person. can bring empathy, skills and expertise to give competent, confident and compassionate palliative and EOLC.

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<sup>11</sup> Marie Curie (2016) An Updated Assessment on Need, Policy and Strategy – Implications for Wales  
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## WEST WALES CARE PARTNERSHIPS PROACTIVE CARE PRINCIPLES

**Organisation** : by aligning all organisations with a role to play around a common ambition, strategy and set of outcome measures, ensuring the best quality and experience for our population.

**Community**: by ensuring, we have resilient communities where everybody recognises that we all have a role to play in supporting each other at times of crisis and loss.

### 5. Outcomes Monitoring

The WG Palliative Care and End of Life Delivery Plan uses the following outcome indicators to measure success in all patients, irrespective of age;

- Patient reported outcomes during their care covering specific symptom distress scores e.g. the Palliative Care Outcome Scale (iPOS)
- Reviews of complains and compliments
- Peer review findings year on year
- GP palliative care registers as a marker of awareness of this patient population
- Number of advance care plans (adult and paediatric) in place
- Proportion of patients who are cared for in one of their stated places of preference

The National Institute of Health & Care Excellence (NICE) produced quality standards in November 2011<sup>12</sup> that clearly sets out markers of high-quality care for adults aged 18 years and older with advanced, progressive, incurable conditions; adults who may die within 12 months; and those with life-threatening acute conditions. It also covers support for the families and carers of people in these groups.

It is not expected that each quality statement will apply to all groups. Similarly, some quality statements may need special consideration when applied to certain groups. For example, people with dementia may need to participate in advance care planning significantly earlier in the pathway than people with cancer.

The Australian Palliative Care Outcomes Collaboration (PCOC) is a national program that utilises standardised clinical assessment tools to measure and benchmark patient outcomes in palliative care. As part of a suite of reports the PCOC have developed a range of outcome measures<sup>13</sup> that are used to improve patient outcomes and have associated baseline data.

In order to ensure accountability across the service and to understand the impact that historical variation continues to have on the three county populations, an outcomes framework will be developed, based on the above, in collaboration with social care partners. Whilst this framework contains both outcome measures that can be readily obtained it also contains a large number of aspirational outcome measures

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<sup>12</sup> NICE (2011) End of life Care for adults - Quality standard

<sup>13</sup> PCOC (2019) National Report July – December 2019













## WEST WALES CARE PARTNERSHIPS PROACTIVE CARE PRINCIPLES

that need to be developed on a partnership basis with partners from primary, secondary, social care and 3<sup>rd</sup> Sector/Charitable organisations.

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## WEST WALES CARE PARTNERSHIPS PROACTIVE CARE PRINCIPLES

### GUIDANCE

Title	Attachment
Welsh Government Palliative and EOL Delivery Plan (2017)	 palliative-and-end-of-life-care-delivery-
All Wales Palliative Care Planning Group Wales Report to the Minister for Health & Social Services (2008)	 Sugar Report.pdf
HQIP National Audit of Care at the End of Life – 2 <sup>nd</sup> round (2019/20)	 NACEL_2019_Summ ary_Report_Final 20:
Ambitions for Palliative and EOLC; A national framework for local action 2015 - 2020	 Ambitions-for-Pallia tive-and-End-of-Life
Welsh Government Operating Framework Q2 (2020/21)	 Operating Framework for NHS
HDuHB EOL Delivery Plan (2016)	 End of Life Delivery Plan HDUHB Refresh
WG COVID19 Primary & Community Care Implementation Plan (2020)	 Primary & Community Care Co
NSF Children, Young People and Maternity Services Core Standards	 National_Service_Fr amework_for_Childr
Marie Curie Palliative Care and the UK Nations Report – Implications for Wales	 Marie Curie state-of-the-nation-
NICE End of life Care for Adults Quality Standards	 NICE end-of-life-care-for-
PCOC National Report July – December 2019	 POCC pateint outcomes July - Dec
Welsh Government – COVID-19 Hospital Discharge Requirements	 Welsh Government COVID-19 Hospital Di