



**Wigan Borough**  
Clinical Commissioning Group

**Wigan Borough End of Life  
Strategy Summary  
2018 – 2023**

## **Acknowledgements**

**We would like to thank members of the steering group and staff from a variety of organisations and departments who contributed and gave guidance in the development of the Wigan Borough End of Life Strategy.**

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**Finally many thanks to all those who have gone before and their families who have contributed by sharing their experiences and memories to enhance and personalise this Strategy.**

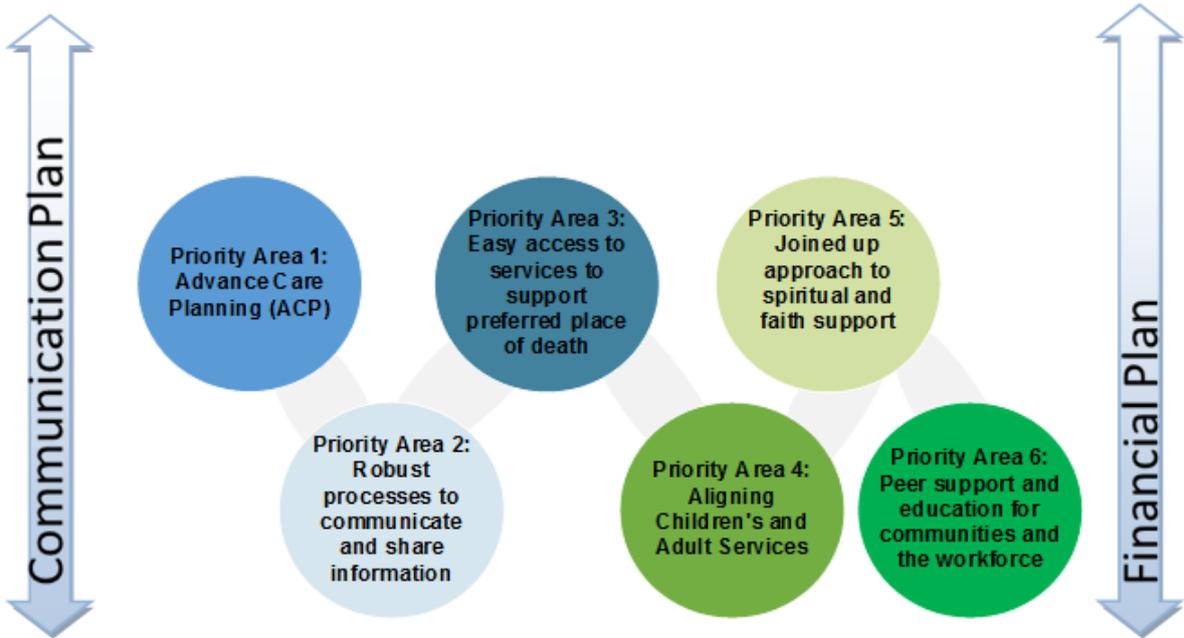
**“Dying happens ... let’s talk about it”**

**(Wigan Borough Mortality Summit, 2018)**

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**Introduction and Commitment**

1. Wigan Borough CCG is committed to commissioning the highest quality care for the people of Wigan nearing or at the end of their life. Wigan Borough End of Life (EoL) Strategy 2018 - 2023 is an ambitious five year plan to ensure the needs of all ages are supported with dying well, death and bereavement, together with their families, carers and communities as a health and social care priority. The EoL strategy includes people of all ages with life limiting conditions and those who experience sudden and unexpected death e.g. Cancer, Dementia and Suicide.
2. The Healthier Wigan Partnership will enable a strategic overview of the work undertaken across the borough linking primary, secondary and social care to the concept of public service reform and embedding place based working.
3. This has brought about the need to refresh and set further aspirations that will take Wigan Borough EoL Care (EoLC) into 2023. The increasing demand on financial resources balanced with increased public awareness and patient choice requires a coordinated approach when commissioning EoLC services. The Every Moment Counts (2015) and Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020, (2015) have been considered during extensive engagement events. The voice and identification of patient priorities is captured in the strategy mission statement and are key drivers along with provider engagement. This work has led to the development of six key priority areas and support framework shown below;



4. It is important that our services strive to support all parts of the population using a coordinated, measured approach in a number of different settings: patients own home, care homes, sheltered housing, hospices or hospitals. In order to shape EoLC in the future, exploration of new ways of working and engagement will be required to support seldom heard groups, e.g. homeless,

people with learning disabilities and mental health problems, and support a standardised approach to delivering quality patient care at the End of Life.

### **Strategy Aim and Mission**

- **To take responsibility and accountability for EoL care provided**
  - **To deliver greater choice for individuals nearing the end of life to support dying well**
5. The mission for the Wigan Borough EoL Strategy is aligned to the principles demonstrated in 'Every Moment Counts: A narrative for person centred coordinated care for people near the end of life'

***"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)."***

### **Building blocks that shape the strategy**

6. There are 4 building blocks which have helped to shape the Wigan Borough End of Life Care strategy. These are;
- Building Block1- Impact of Population changes
  - Building Block 2 - Literature Review contributing to the development of the strategy
  - Building Block 3 – Current Service Providers/Partners
  - Building Block 4 – Public and Staff Engagement

### **Issues identified within the scope of the EoL Strategy**

7. A number of issues have been identified that are within the scope of this strategy. They are set out below against each of the 6 priority areas.

#### **Priority 1 Advance Care Planning**

8. Advance Care Planning (ACP) is a key part of EoLC and documentation. A gap analysis of progress already made and remaining gaps in implementation is required. This will enable priorities to be identified to raise the profile to both patients and carer participation and understanding.
- Patient engagement suggested they would prefer clinical teams to discuss the completion and documentation within the ACP with patients in more detail to foster a greater understanding of the process and what is being documented.

## **Priority 2 Robust processes to communicate and share information**

9. Integrated care pathways and full documentation of an individual's journey. Collection of data and improved reporting on the care of patients at the end of life, which will enable the development of outcome measures. Understanding if the preferred place of death was achieved and any variations are explored to gain a deeper understanding. To ensure that clinicians know what data needs to be collected and how documentation should be completed in order to record accurate information and support the bereaved after the death of their loved one.
10. To continue building a system approach to electronic records for EoLC which enables caring organisations to understand where the dying person is on the journey. This enables the best care and provides support for the families and carers.
11. These priorities will be supported by the strategic approach undertaken by the Healthier Wigan Partnership and fits with the thinking of the Strategic Clinical Network regarding joined up services to support the person, their families and carers on their palliative care and EoL journey.
12. Good communication underpins every aspect of health and social care. This may relate to communication between patients, families and professionals, or between professionals or organisations. Timely information sharing is key and this strategy will look to build on existing local developments in this area, such as share to care records and other digital developments.
13. A communication and financial plan will be developed to support the delivery of the priorities within this strategy.

## **Priority 3 Easy access to services to support preferred place of death**

14. The current Marie Curie contract does not include night sitting service required by Wigan EoL patients. Wigan and Leigh Hospice provide Hospice in your Home services to support patients who wish to remain at home and those being discharged from Hospitals. This service allows patients to return home with support for their carers. Without this service many people would have to die in a hospice or hospital in order to ensure care during the days of their lives. A gap analysis needs to be undertaken to consider children.
15. The successful projects – Hospice in your Care Home and Hospice in your Home need to be considered as part of the whole systems approach to supporting patients in the community. Particularly with the predicted increase in an ageing population and increase in Dementia which require Nursing Home placement.

#### **Priority 4 Aligning Children's and Adults Services**

16. Whilst there are fewer child deaths than adult deaths, it has become apparent during the work to develop this strategy that the funding for support for palliative and EoLC for children is not available. This work must lead us to understand how support can be delivered to children, families and carers in order to provide the same offer to children and adults in the same situation.

#### **Priority 5 joined up approach to spiritual and faith support**

17. To ensure that clinical staff, GPs, nurses and attending carers across all communities know in good time the wishes of the person at the end of their life and are able to sign post where people can receive appropriate support for their spiritual and faith needs. A collaborative approach to support patients and bereaved people throughout Wigan borough when and following death in the community is not robust. Ensuring the people of Wigan have access to information related to the process of registering a death, choices of funeral arrangements, financial and bereavement at a difficult time is essential but currently is not assessable in a central location.

#### **Priority 6 Peer support and education for communities and the workforce**

18. Improve communication skills across the health and social care economy so that every contact with patients and their carers creates a positive and informative communication which informs, supports and is free from jargon and terms that might not be understood by lay people.

19. The previous Palliative Care Education Strategy Group identified the need for ongoing education for a variety of professional roles. It is clear that there needs to be ongoing education provision in all organisations. This education will consist of continual updates around strategic aims, such as increasing Advance Care Plan uptake, but also will concentrate on new and developing priorities as they arise.

20. Work with Public Health, Clinicians, hospice staff, hospital staff, social care, spiritual leaders, registrars, funeral directors and the coroner's office to deliver the priority areas is key. The first step will be to work in partnership with providers and feedback the patient's experience so they can reflect as a learning experience and incorporate in future improvements.

#### **Five Year summary Implementation Plan**

21. The table below describes the time line of the strategy implementation plan. The priorities may require adjustment following detailed scoping exercises and

constraints. Task and Finish Groups will be established to enable achievement of these priorities and will include a variety of stakeholders.

Wigan Borough CCG EoL Strategy Implementation Plan		2018	2019	2020	2021	2022	2023
Priority Number	Description						
1	Advance Care Planning (ACP)						
2	Robust processes to communicate and share information						
3	Easy access to services to support [preferred place of death						
4	Aligning Children's and Adult Services						
5	Joined up approach to Spiritual and faith support						
6	Peer support and education for communities and the workforce						
Develop Financial Plan to support implementation							
Develop Communication plan to support implementation							
Launch Strategy		July					

## Monitoring and measuring success

22. The achievements of the strategy implementation plan will be monitored at Wigan Borough CCG Cancer and End of Life LIT meeting and specific issues will also report at the Planned Care Pathway Board and Clinical Governance Committee. An exception report will be submitted to the Adult Palliative and End of Life Care Committee.

## Next Steps

23. To support the implementation of the strategy, we will:

- Identify members of each task and finish group to scope each priority area and implement the changes required.
- Work with the Communications Team to develop a communications plan to support the publication and implementation;
- Identify financial implications during scoping of each priority area and develop a financial plan;
- SMART objectives and delivery targets will be scoped in the implementation plan to evaluate the outcomes of the strategy.

- Develop further the driver diagram to create a detailed implementation plan and matrix to monitor progress.

24. Evaluation summits will take place at the end of each twelve month period of the life of the strategy to celebrate achievements, refresh and identify outstanding priorities.

25. Consideration of any new publications and national or local priorities will be refreshed within the strategy on an annual basis.

26. Arrangements to launch the EoL Strategy and feedback to those who have contributed will take place as part of the ratification process of the Strategy.

## **References**

*National Palliative and End of Life Care (2015) Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020*

<http://endoflifecareambitions.org.uk/>

*The National Council for Palliative Care (2015) Every Moment Counts: A narrative for person centred coordinated care for people near the end of life*

<http://www.ncpc.org.uk/news/every-moment-counts-new-vision-coordinated-care-people-near-end-life-calls-brave-conversations>