Staffordshire and Stoke-on-Trent Integrated Care System

Integrated Care Partnership Briefing

Staffordshire and Stoke-on-Trent Integrated Care Partnership (ICP) Meeting

December 2024

This briefing aims to keep partners and members of the public informed of the discussions at the NHS Integrated Care Partnership (ICP) meeting.

Ending Well: ICP Strategy

Our priority

We will maximise health and wellbeing in the last years of life by supporting people and carers with personalised care when needed. To achieve this, we will focus on:

- Offering personalised, high-quality end-of-life care for people and carers.
- Reducing preventable emergency hospital admissions at the end of life.

There is a national ambitions document for Palliative and End of Life Care (PEoLC) which all of our work is pointed at in the Palliative and End of Life portfolio. There are six key headings:

1) Each person is seen as an individual
2) Each person gets fair access to care
3) Maximising comfort and wellbeing
4) Care is coordinated
5) All staff are prepared to care
6) Each community is prepared to help

Foundations for these ambitions:

- Personalised care planning
- Shared records
- Education and training
- 24/7 access
- Evidence and information
- Those important to the dying person
- Co-design
- Leadership

Work programme

Action	Progress
Development of an all-age strategy for palliative care and end of life with a supporting delivery plan. Led by Dr Hannah Missen, Paul Garner and David Fletcher.	• Palliative and End of Life Care Needs Assessment completed • Communications and engagement (professional stakeholders) sessions undertaken • Public engagement online survey undertaken • Draft Strategy written and going through Governance process (Palliative and End of Life Care Programme Board, Staffordshire and Stoke-on-Trent Health and Care Senate) • Due for publication January 2025
Increase usage of Palliative Care Registers	• Performance has maintained at 0.84% (increased from 0.5% in July 2023) • Quality Improvement Framework (QIF) has been implemented which focusses on incentivising practices at lower end of performance
Review and assess benefits of a 24/7 Advice Line identifying the case for sustainable delivery	• The Staffordshire hospices, as the regional specialists in palliative care, committed to funding this project during the implementation phase, providing a single point of contact for specialist palliative advice and support across the region. • Support matches the existing day services.

	• Delivery of 24/7 advice line from December 2023 • Review of existing service and future investment included in business case for review December 2024.
Increase access and availability of palliative care medication	• Access to palliative care medication Task and Finish Group programme of work has included identifying Tier 1 and 2 pharmacy provision • Obtaining licences for Haywood hospital, St Georges and Redwoods and development of a policy for informal carers.
Increase the number of people identified in the last year of life and the number, and quality, of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT). Plans in place and co-ordinated	• QIF in place which focusses on improving performance in terms of completion of ReSPECT. • Communications Plan rolled out to include ReSPECT including GP Forums/GP Newsletter and GP 365 Web page • Palliative Care co-ordination Centre set up providing access to training for Primary Care through Staffordshire Training Hub on Identification and ReSPECT.
Enhance existing training for system workforce in response to the six National Ambitions	• Ambition 5 (National Ambitions for end-of-life care): 'All Staff are Prepared to care' is being led by Paul Garner - Transformation Clinical Lead for Palliative and End of Life Care Midlands Partnership NHS Foundation Trust (MPFT). • Audit against End-of-Life Care Core Skills Education and Training Framework undertaken summer 2024 • Response to audit being reviewed and training plan in place through Staffordshire Training Hub
Undertake work to respond to the recommendations of the all-parliamentary group report in relation to commissioning of specialist palliative care services	• Hospice Grants currently in place for 2024/25 • NHS Contract specifications in development • ICB must meet statutory requirements under the Health Care Services (Provider Selection Regime) Regulations 2023.

End of Life Home Care Pathway

The End-of-Life Home Care Pathway helps people to be looked after in their home or in a care home. This video created by MPFT explains the End-of-Life Home Care Pathway: https://youtu.be/Fho4ter33yQ

The End-of-Life Home Care Pathway has been developed and managed by the Palliative Care Coordination Centre (PCCC) based at Bradwell Hospital. The following update was given on the End-of-Life Home Care Pathway and how systems work together:

- Delivery of daily PCCC Multi-disciplinary Team which supports collaborative decision making, this is open to any professionals.
- On a daily basis there are meetings with Marie Curie/Crossroads/St Giles/Katherine House and Douglas Macmillan Hospice to coordinate all of the supportive care capacity to ensure best use of resources.
- Agreements with Staffordshire County Council and Stoke-on-Trent City Council regarding time scales and escalation process. There is good day to day working relations with front line staff.
- We work closely with the Integrated Discharge Hub, bed hubs and Discharge to Assess (D2A) pathways and beds (day to day and via monthly supervision) and have close relations with the Palliative Care Teams at Queens Hospital, Burton and University Hospitals of North Midlands (UHNM).
- We work closely with our providers Care Homes/Care agency's offering free education (soon to be hosted with Staffordshire County Council's new Social Care Academy). We interact with them regularly and offer a supportive approach to quality improvement via the established processes such as Quality Assurance Form's /Safeguarding's etc. Staff from PCCC are often visiting the homes via our assessment process, so relationships are strong.
- Midlands and Lancashire Commissioning Support Unit (MLCSU) are partners in delivery supporting with back-office functions of the Pathway.
- MPFT resources, particularly community nursing, remain at the heart of delivery of the Pathway.
- PCCC has access to and good relations across the wide range of expertise within MPFT particularly around Mental Health, Learning Disabilities and Autism and Children and Young People.

The Strategic Picture

There is an increased demand as:

- The overall population in Staffordshire and Stoke-on-Trent is set to increase by 6% by 2035, from 1.13m in 2018 to 1.2m in 2035.
- Our population is ageing.
- We also have one of the largest gaps in life expectancy and healthy life expectancy in the region.

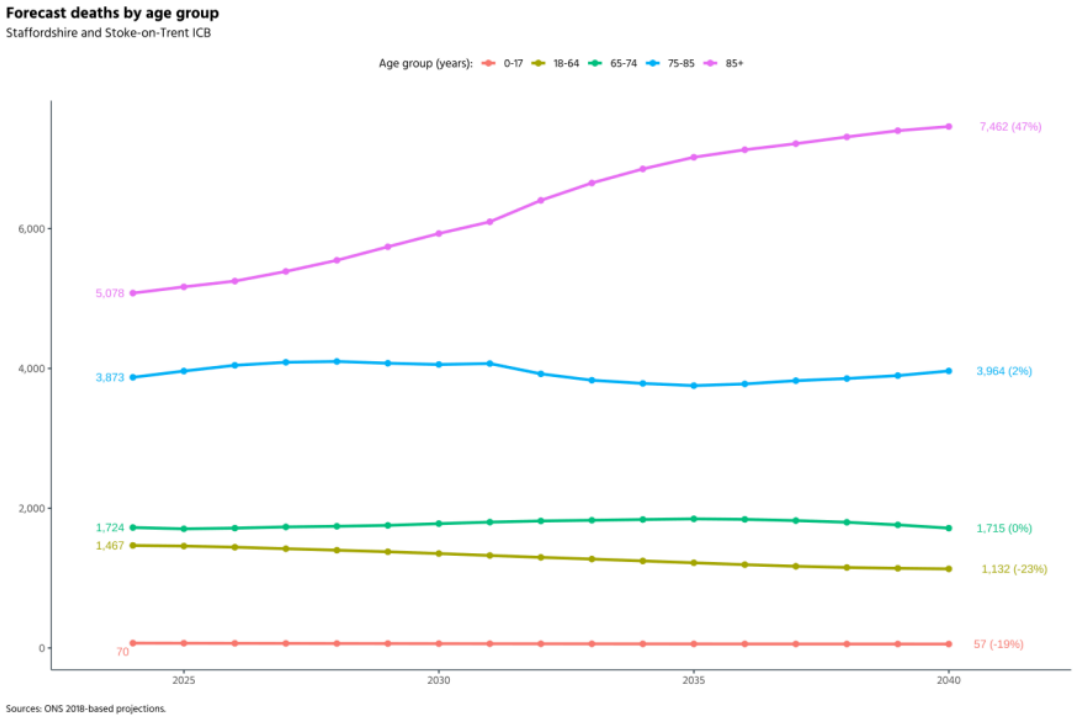
We must also recognise that the system is under pressure and the finance and workforce constraints that we have.

What do we know?

A group led by Dr Hannah Misson undertook a comprehensive Strategic Needs Assessment and patient, public and stakeholder engagement over the summer. Some of the key elements that have come out of that work are:

- In Staffordshire and Stoke-on-Trent in 2022, 47.1% of deaths occurred in hospital, significantly higher than the England average (43.4%)
- Men and ethnic minority groups are less likely to access palliative care services
- The majority (69%) of patients who have died will have experienced an emergency admission up to one year before death and sometimes there are multiple admissions.
- For patients who died in during 2023/24, nearly half had some sort of referral to a community service.
- The demand on services will increase and the graph below shows that over the next few years our 85+ age group will be the biggest increase in death.

How many deaths are there likely to be in the next 3, 5 and 10 years?



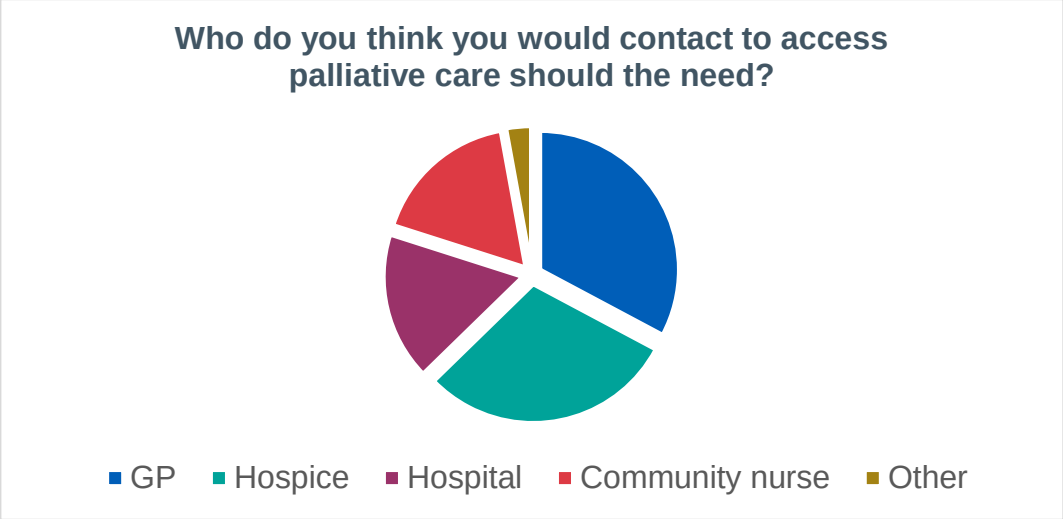
- This data is based on forecasted data
- The 85+ year old age group are forecast to see the biggest increase in deaths

- If patterns of care do not change, the current growth in deaths per annum suggests that over 270 additional beds will be needed in Staffordshire and Stoke-on-Trent ICS by 2040.
- More detail is available in the Strategic Needs Assessment.

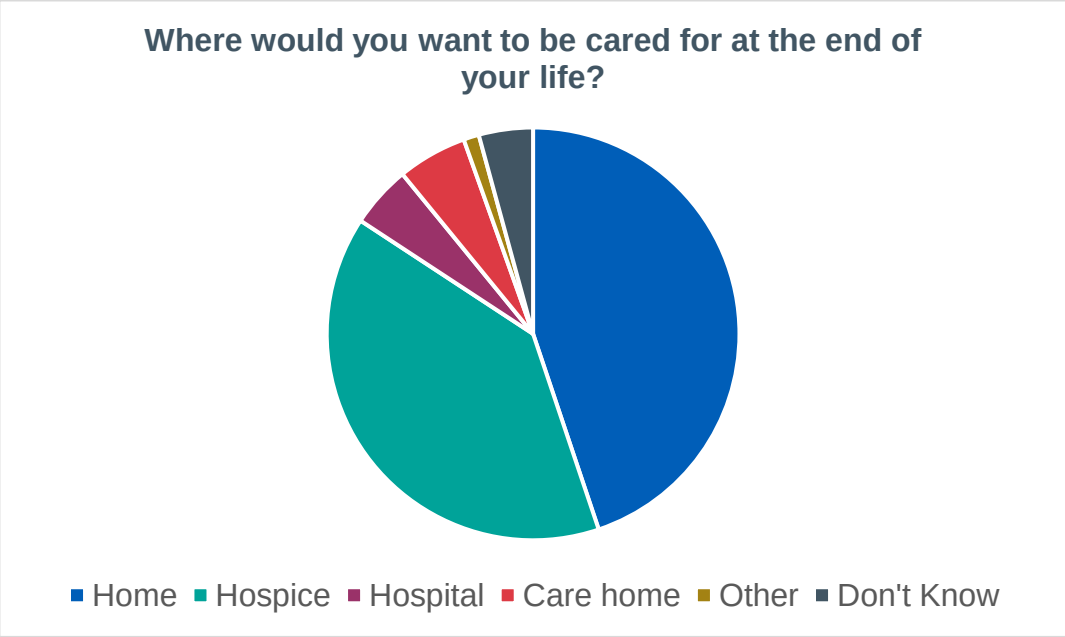
What does the public say?

An online survey in 2024 attracting 248 responses from Staffordshire and Stoke-on-Trent residents showed:

- **67%** of people felt that their experience of Palliative End of Life Care (PEoLC) was **good** or **very good**.
- **42%** would go to hospital to access PEoLC services. Many patients also felt that they would contact a hospice or their GP.



- **82%** of respondents valued dying in the place that they have chosen
- As a community, 88% gelt that we talk about dying too little
- Only **8%** of people want to die in hospital. The majority of people would want to die in their own home or in a hospice setting.



What do people working in the system tell us?

- They want radical change
- Better communication with the public, between providers, and normalising discussion about dying
- Better co-ordination of care, and use of digital technology to support this
- More collaboration within and between organisations

Staffordshire and Stoke-on-Trent Integrated Care System

- Empowering communities to support one another, with better use of voluntary organisations
- A directory of services so that the public and providers can see what we have to offer as a system.

What next?

An All Age Palliative and End of Life Care Strategy is in development, and due for publication in early 2025. Areas of focus will include:

- Integrated care to support people to die at home, including out of hours provision
- Development of Electronic Palliative Care Coordinating Systems (EPaCCS) to improve communication and co-ordination
- Reduce silo working and improving networking between system providers
- The development of a toolkit for both the public and system providers to include a robust education offer and a directory of services.

Compassionate and Resilient Communities

- There will also be a focus on ambition six of the National Ambitions Framework; **'each community is prepared to help'**
- Dying is not a 'health' or 'social care' event; it is a part of each and every one of our lives in every aspect - it should be treated as such
- End of life care should be at the heart of community health and wellbeing across all of Staffordshire and Stoke-on-Trent
- Cannock Chase have developed an extensive network including individuals from the NHS, Voluntary and Community Sector and Local District and County Council
- They have mapped community resources to identify levels of support and any gaps
- Some things they have achieved include:
    - Two bereavement charities for children, young people and parents and bereavement training for schools
    - Drop-in cafes where people can feel safe, belong and contribute
    - Sports, outdoor recreation and creative activities to support physical health and wellbeing
    - Memorials, memorial services and gardens, which give people a space to reflect and grieve
    - Fiveways Ramblers, a group which encourages friendship and reduces isolation by meeting weekly for walks and social activities
- There are many other great examples of compassionate and resilient communities across Staffordshire and Stoke-on-Trent
- We have a real opportunity to work together as a system to develop a public health approach to Palliative End of Life Care (PEoLC) and equip our communities with what they need to help one another.

Feedback

The partnership split into groups to discuss and capture feedback on the following topics of discussion:

- How do your 24/25 organisational plans support key life course points in the pack?
- What do you need to do to ensure that 25/26 emerging organisational plans better support the key points?

The following points were fed back to the group:

- The 24/25 organisational plans didn't support it very well as they were medicalised, business as usual and didn't address what we needed in terms of that full shift to move to a completely different way of supporting people to end their life.

- It comes down to education for the various groups of people involved in a person's end of life. The people coming to the end of their life need to know what to expect and what options are available to them and their families. Education is needed for clinicians to know when to stop medical intervention and what would be best for the persons happiness. Families may panic and call and ambulance when one isn't actually needed, and what is happening to their loved one is a natural part of the process. There needs to be an information line available for people at this stage.
- Capture collective stories of people who have been through these experiences of losing loved ones at the end of their life – both the good and bad experiences.
- Conversations between local authorities, police and fire with health which gave a really valuable insight in distinguishing between the planned deaths in health and unplanned unexpected deaths that their professionals and officers deal with.
- We need to have better conversations with our communities about death and dying and people's wishes as it's not a topic that people want to talk about.
- We spoke about the impact of death on children and that need for better education and support from a child's perspective.
- We need to think about the impact of dealing with death. What impact does this have on our staff, particularly the sudden deaths experienced by firefighter and police officer?
- We need to think about the hospices and secondary carers who are that last port of call – there needs to be behaviour change more upstream.
- The huge role that the VCSE in the hospice sector has – we need to strengthen it.
- Giving people choices and empowerment to determine their destiny.
- Housing and social care work really well together around living well and giving people autonomy around making their choices around their own home.
- People might want different things at the end of life so we need to listen to patients and not put our own views on to them.
- Portfolios need to work together and really think about neighbourhoods and communities.
- We need to be flexible and adaptable – put the patient first.
- We have too many looked after children and too many people in residential care and not enough people dying in their place of choice.
- Special priorities for people with special needs – where we can personalise plans.
- Make sure we capture the stories of people who've been through the journey with their loved one and get a sense for what looks good like.
- Families need a good experience to ensure they don't go through psychological problems after losing a loved one if it was a bad experience in terms of care.
- Integrated care plans in place so families don't call an ambulance when they panic or feel they're out of control.

Date and time of next meeting: Monday 3rd March 2025, 3.00pm – 5.00 pm, via MS Teams.