Kent County Council Adult Social Care and Health

End of Life Care in Kent

Our progress on implementing End of Life Care against the national framework, identifying gaps and taking action.



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This document sets out how Adult Social Care is working to implement End of Life Care against the Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 published in September 2015. The framework sets out an agenda for improving the quality and effectiveness of services. Kent County Council plays a key role in delivery of the End of Life Care strategy for clients and carers. This is designed to keep people informed of our current activities and sign post for further information. By measuring our current activity against the national framework, this has allowed us to identify where there are gaps and develop a high-level action plan.

It is essential that we work with partners in the assessment, support and planning of care for the client, which delivers choice, control and the care they need to manage End of Life Care as they want.

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Six ambitions to bring the vision about:



Ambition 1:

Each person is seen as an individual

Building blocks for achieving this ambition:

- Honest conversations
- Clear expectations
- Systems for person centred care
- Integrated Care
- Helping people take control
- Access to social care

- There is an Assessment and Eligibility criteria which ensures a person centred approach.
- People take control through Personalised Care and Support Plans.
- We help people take control through Personal Budgets and Personal Health Budgets for Continuing Health Care.
- New models of integrated care through the Design and Learning Centre for Clinical and Social Innovation are being explored and piloted.
- Kent County Council Continuing Health Care Team works jointly with health colleagues and ensure that the individual is at the centre of the assessment process.
- The Older Persons Care Home Contract encourages providers to use Share My Care and Electronic Palliative Care Co-ordination System.
- Equipment is prioritised for people at End of Life Care.
- Ensuring that the right support is in place for the carer through the carers policy, assessment process and services through carer organisations.
- Across Kent there are Integrated Care Centres.
- The Design and Learning Centre is embedding the ESTHER model across Kent, which aims to: Improve patient experience and quality of care by ensuring their needs are discussed openly with the person, that we create smoother, safer and integrated pathways for ESTHER and that ESTHER, their family and networks are seen as equal partners in their care.

Ambition 2:

Each person gets fair access to care

Building blocks for achieving this ambition:

- Using existing data
- Creating new data
- Community partnership
- Person centred outcome measurement

- Monitoring of the Older Persons Care Home Contract looks for evidence around End of Life Care provision, sensitive conversations, training for staff and good communication practices.
- Data is collated on equipment orders for End of Life Care which is monitored to ensure the provider is delivering within the agreed timescales and that orders for End of Life Care are a priority.
- All Continuing Health Care data is recorded and used to monitor activity across Kent.
- Adult Social Care is currently implementing a new Technology Enabled Change Programme which will deliver technology and digital transformation. When the programme is complete in 2019, Kent County Council staff, clients, carers, providers and partner organisations will have appropriate, secure and timely access to accurate adult social care information from any location whenever they need it.
- In East Kent, there is an End of Life Care evaluation framework which is
 designed to support the auditing and monitoring of the End of Life Care
 Pathway. The framework was developed by East Kent Clinical Commissioning
 Groups in partnership with providers, Kent County Council and the University of
 Kent. The framework allows organisations to monitor how effective they are in
 working together to ensure better coordination of the patient journey.
- Kent County Council, in partnership with Health, is currently developing a Integrated Prisons Support Service and the specification sets out how people in prison are to be supported at End of Life.
- Staff can support people at End of Life from different diverse groups as well as those with sensory losses. This has recently been explored through an Equality and Human Rights Development Day.

Ambition 3:

Maximising comfort and wellbeing

Building blocks for achieving this ambition:

- Skilled assessment and symptom management
- Priorities for care of the dying person and family
- Rehabilitative palliative care

- There is an Assessment and Care and Support planning process to ensure that the individual and family are involved throughout the process.
- Embedding the ESTHER model across Kent, which aims to improve patient experience and quality of care by ensuring their needs are discussed openly with the person and family.
- Extra Care Housing Schemes provide a guest room and facilities for family to use 24 hours a day.
- In-house services allow relatives/friends to visit 24 hours a day and provide meals and opportunity for overnight stays if appropriate as well as facilitating access to health care professionals such as hospice team and GP.
- Carer organisations are commissioned to play a role in supporting carers with life after caring.
- Kent County Council's County Principal Occupational Therapist to continue to develop partnership working with local district/borough councils regarding tenure blind and non-means tested Disabled Facilities Grants to supply urgent provision of adaptations to support End of Life Care.
- The Design and Learning Centre is leading on the Medication in the Community Project, to ensure that people and family have the right support and that all organisations are clear on roles and responsibilities.

Ambition 4:

Care is coordinated

Building blocks for achieving this ambition:

- Shared records
- Everyone matters
- A system wide approach
- Clear roles and responsibilities
- Continuity in partnership

- Across Kent there are Integrated Care Centres, where care records for both social care and health are accessible. The working arrangements and agreement are such that information from both health and social care supports shared care planning.
- Embedding the ESTHER model across Kent, which creates a smoother, safer and integrated pathway.
- In East Kent there is a Patient and Carers information pack which was developed by Kent County Council with input from health colleagues and other organisations.
- In East Kent there is an End of Life Care Strategy. This was developed by a pathway redesign group, made up of representatives from Kent County Council, health colleagues and other organisations, to ensure joined up care.
- An End of Life Care Strategy is currently being developed for Medway and Swale Clinical Commissioning Groups in partnership with Kent County Council.
- We have mapped all integrated staff meetings across Kent, which shows where all Multidisciplinary Team Meetings, Continuing Health Care Decision Support Tool meetings take place to ensure that we continue to work in partnership.
- New models of care are being tested by the Design and Learning Centre, which includes piloting the Buurtzorg model under the Transforming Integrated Care in the Community Project, where self-managing integrated community teams are wrapped around the person.
- Ellenor Palliative and End of Life Care Pilot: The Care Home Support Team at Ellenor Hospice is being expanded in order to provide palliative and End of Life Care support to all nursing home residents in the Dartford, Gravesham and Swanley area. The team will manage the palliative needs of all residents and produce detailed care plans in liaison with the resident's GP, social care providers and the staff within an individual's own home.
- Community Learning Disability Teams are integrated with health.
- The Community Learning Disability Teams have two dedicated staff for End of Life Care who are a contact point for local hospices.
- As part of Local Care and Transformation Plans, integrated generic worker roles are being explored.

Ambition 5:

All staff are prepared to care

Building blocks for achieving this ambition:

- Awareness of legislation
- Professional ethos
- Knowledge based judgement
- Using new technology
- Support and resilience
- Executive governance

- There is a Director Lead for End of Life Care.
- The Social Care Director lead for End of Life Care is a member of the Sustainability Transformation Partnership Clinical Board, where End of Life Care is a priority.
- Adult Social Care has an End of Life Care Steering Group, which meets twice a year. Once a year there is a forum with health colleagues and providers to review progress and identify and address gaps.
- There are leads/champions for End of Life Care across Adult Social Care.
- Kent County Council has access to national information and networks and is part of the Kent, Surrey and Sussex Academic Health Science Network End of Life group.
- The Kent County Council Continuing Health Care Team has a rolling programme of webinars and workshops for staff. Plans to upskill council staff on Continuing Health Care to ensure they understand when someone may be eligible for Continuing Health Care or Fast Track for those entering a terminal phase
- Adult Social Care staff are signposted to the national resources and training and that are available.
- Adult Social Care staff are supported on how to have difficult conversations through Key Concepts Training Programme. Future training will support staff with building resilience.
- Pilot underway in Dover and Thanet called 'Time to Talk', which is facilitated by members of the
- Community Learning Disability Team. It is dedicated time for members of the integrated team to discuss End of Life Care and go through any cases they may have.
- Adult Social Care has two Care Sector Project Officers to work with care providers (homecare, residential and nursing) to improve on skills and development of the care sector workforce.
- Staff within Adult Social Care fully utilise telecare and equipment.
- Through digital Sustainability Transformation Partnership and the Design and Learning Centre, technology is being explored which includes more robust approach to shared care plans and development of phone apps.

Ambition 6:

Each community is prepared to help

Building Blocks for achieving this ambition:

- Volunteers
- Practical support
- Public awareness
- Compassionate and resilient communities

- Health Watch End of Life Care Project: The initial phase of the project has been completed and Healthwatch has started the second phase gathering patient, family and carer views of End of Life Care services.
- Care Navigators across Kent, in some areas working in GP surgeries.
- There are a range of community projects, which consists of several Age
 UK integrated projects, community warden schemes and communities
 delivering differently in neighbourhoods (Wye and Newington wellbeing
 networks) where neighbourhoods take the responsibility for sharing
 information and connecting people.
- Information on the Kent Adult Social Care offer including End of Life Care is available on Kent.gov.
- In some areas of Kent there has been development of Menu of Services which signposts people to local services.

Supporting Documents and Resources

East Kent End of Life information

https://www.kentcht.nhs.uk/wp-content/uploads/2017/09/EOL-patient-pack.pdf

https://www.kentcht.nhs.uk/wp-content/uploads/2017/09/EOL-carer-pack.pdf

Training and support tools

NHS Choices - End of Life Care

Link to a short video produced collaboratively between NHS England and the National Council for Palliative Care, The video aims to help patients feel more empowered to make informed choices by encouraging them to maximise the benefits of their consultations with clinicians as well as dispelling myths about palliative and end of life care. The video is also a helpful tool for staff to help them to work with patients in an effective manner so that they feel reassured and confident about navigating a complicated healthcare system.

http://www.nhs.uk/Planners/end-of-life-care/Pages/what-it-involves-and-when-itstarts.aspx

Access – OpenAthens

eligibility

OpenAthens is a service that allows people to access a series of online resources free of charge with just a single OpenAthens account.

Health Education England e-Learning for Healthcare (HEE e-LfH) is adding the e-LfH Hub and its thousands of e-learning sessions to the list of OpenAthens resources to make it easier for certain groups of the health and social care workforce to access e-LfH's e-learning. The OpenAthens eligibility criteria, which are managed by NICE, cover anyone working directly with NHS patients. Anyone working directly on the development and/or delivery of training materials for either NHS staff or NHS patients within an organisation that provides NHS-commissioned care or commissions care for NHS patients in England is also covered.

For more detailed information on the eligibility criteria, and to register, please visit: www.nice.org.uk/about/ what-we-do/evidence-services/journals-and-databases/openathens/openathens-

Find out more about ESTHER and the Design and Learning Centre:

https://www.kent.gov.uk/social-care-and-health/information-for-professionals/design-and-learning-centre-for-clinical-and-social-innovation

More information

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