

# LONDON BOROUGH OF HAMMERSMITH & FULHAM

<b>Report to:</b>	Health, Inclusion and Social Care Policy and Accountability Committee
<b>Date:</b>	20 July 2022
<b>Subject:</b>	NWL ICS update on Community– based Specialist Palliative Care Services Improvement Programme
<b>Report Author:</b>	Andrew Pike, ICS Communications Programmes Lead Michelle Scaife, Programme Delivery Manager – Last Phase of Life Sue Roostan, Borough Director – Hammersmith and Fulham Chakshu Sharma, Programme Manager – Integration & Delivery, H&F Borough
<b>Recommendation:</b>	For Committee to note and comment on the report
<b>Wards Affected:</b>	All
<b>Contact Officer:</b>	The paper is provided by the NWL ICS team. For more information and queries please email <a href="mailto:nhsnwlccg.endoflife@nhs.net">nhsnwlccg.endoflife@nhs.net</a>
<b>List of appendices</b>	Update on Community-based Specialist Palliative Care Services Improvement Programme – Report from NWL ICS to London Borough of Hammersmith & Fulham Health, Inclusion and Social Care Policy and Accountability Committee

---

## Summary

North West London Integrated Care System (NWL ICS) team are currently carrying out a review of the Community-based specialist palliative care (CSPC) services for Adults (18+) across eight NWL boroughs. This programme is following on from the palliative care review work undertaken in 2019/20 across 4 of our CCGs – Brent, West London, Central London and Hammersmith & Fulham CCG.

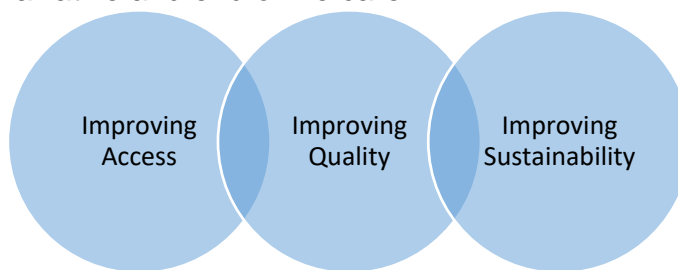
By Community-based Specialist Palliative Care (CSPC), we are referring to specialist level of palliative care that is delivered in a setting that is not within a hospital or a GP surgery, but rather in a patient's own home, a care home, a hospice and a community hospital or centre. Examples of these types of care services include – hospice bedded inpatient care, Hospice day and outpatient services, community specialist palliative care nursing team providing care and support in the patient's home, Hospice@home service and specialist palliative care input if you are living in a care home.

## Why are we doing this work?

- Improving Palliative and end of life care (PEOLC) is a national and ICS priority
- We have some excellent community-based specialist palliative care services and committed partners and we want to build on this excellence and support our services to be as sustainable as possible for the future.
- We do however have variation in access, quality and level of service available to our residents across NWL – trying to achieve consistency will drive our approach
- There are also some immediate challenges - workforce, sustainable funding (given impact on the charitable sector during the pandemic) and one of our inpatient units is suspended.

## Our Vision:

- NW London residents and their families/ carers have equal access to high quality community-based specialist palliative and end of life care and support, that is coordinated, and which from diagnosis through to bereavement reflects their individual needs.
- Our priorities of this programme of work are in line with the NHSE/I triple aim for Palliative and end of life care



## Public Engagement

### NWL ICS Engagement:

- The NW London ICS wants to work with patients, their families/ carers/ those important to them and other stakeholders to understand how we can improve the experience for all adults who use our community-based specialist palliative care services in North West London. The NWL ICS team have led a series of public engagement sessions between Dec 21 and May 2022. An interim outcome report was published recently and can be viewed online at: [The full interim engagement outcome report is available here](#)
- An engagement period started on 18 November 2022 and was extended to mid-March due to Omicron – during the winter key partners were largely deployed to the immediate response and as such the pause in work was regrettable but unavoidable. Further engagement has/is occurring to ensure that all boroughs have the opportunity to have discussions including the Westminster, Kensington & Chelsea, Hammersmith & Fulham event that took place on the 15 March 2022 and the Hammersmith & Fulham engagement event that took place on 11 May 2022.

## **Place Based Engagement by H&F Health and Care Partnership (HCP):**

- In H&F, as part of the HCP, we have made a commitment that coproduction is at the heart of everything we do. Our aim is to work with the residents and communities from the very start, to understand what matters to them, to redesign services in a way that works for them, and to work with them to make changes. In order to ensure an effective engagement; the H&F team worked closely with the lay partners and members of HAFSON to develop the engagement strategy. We worked together:
  - To design the engagement material, agree the narrative for a rich conversation,
  - looked at ways to promote our event via voluntary sector organisations, tapping into their network to ensure we reach out to all the cohorts and everyone intending to share their feedback has a platform to do so e.g. via online surveys, written feedback via email or post to the NWL ICS team and virtual engagement events.
  - To facilitate the conversation at the public engagement event
- Locally, it was agreed to extend the scope of the engagement to include the breadth of “out of hospital” Palliative Care Services within H&F (generalist and Specialist Palliative Care together). The feedback gained will feed into local service development as well as the NW London programme.
- HAFSON provided a welcome submission at a NW London level and we include this and our response published on the NWL ICS Website at [www.nwlondonics.nhs.uk/get-involved/cspc/how-get-involved/interim-engagement-outcome-report-key-finding](http://www.nwlondonics.nhs.uk/get-involved/cspc/how-get-involved/interim-engagement-outcome-report-key-finding)
- Full engagement report from H&F local public event can be found at: [H&F Local Engagement Report](#)

## **Key points for Hammersmith & Fulham and NW London**

- A North West London wide steering group has been established that consists of NHS providers, hospices, local authority and resident representatives. Our Issues Paper sets out the key reasons why we are looking at community-based specialist palliative care and helps us have a conversation on what future care could look like.
- There are some things that we have found that needed to be addressed immediately. We found not all boroughs had the same level of in and out of hours’ access to end of life care and anticipatory medication. The gap in West London, Central London and Hammersmith & Fulham boroughs was closed by commissioning an equivalent service meaning that during the pandemic all NW London residents have equal access to these medications 24 hours a day.
- An interim engagement outcome report was published on Thursday 9 June 2022 which contained all the feedback given following discussions with local residents and those who have first-hand experience of palliative and end of life care received in NW London. We would like to thank all those who have already taken part. The report will be revised as further feedback is received with a final report published at the end of July 2022.
- The outcome report was sent to stakeholders across NW London including council and NHS leadership, MPs and Healthwatch. We also used our established channels to communicate with other stakeholders and North West

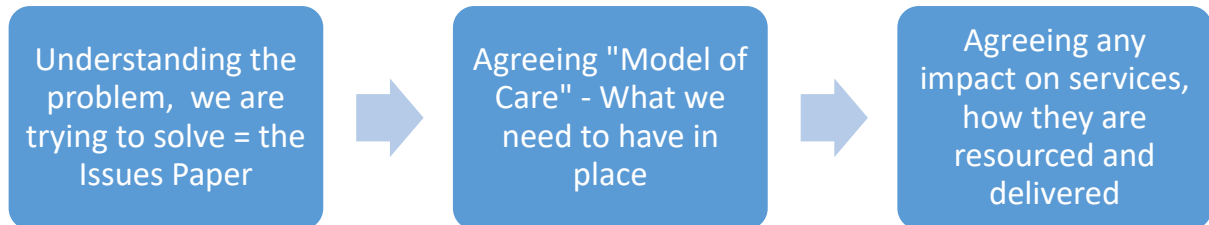
London residents. A short video was produced to accompany the launch and a newsletter that has been distributed widely.

- All the public feedback received is currently being used by our CSPC model of care working group, which is responsible for designing, planning and recommending options for the future model of care for adult community-based specialist palliative care to the steering group.
- Membership of this group consists of local residents, clinicians and other palliative and end of life care stakeholders. The group has been asked to:
  - agree a common specification / common core offer for community-based specialist palliative care
  - develop a new model of care to deliver the specification / common core offer
  - map out how this can be implemented in each borough.
- The work will draw on the national service specification for adult palliative and end of life care, the previous NW London 4 CCGS palliative care review programme work and qualitative and quantitative feedback from residents and healthcare professionals obtained through our engagement. We will also utilise activity trend data obtained through the programme's data working group and undertake further work looking at the structure of our services workforce.
- The expected output is a set of core service standards, requirements and service functions that will need to be delivered across NW London. There will also be a number of additional localised requirements that the local Borough Based Partnerships will have responsibility for implementing these in view of their local context and population needs.
- We will work with the Health & Care Partnerships, local residents and stakeholders to decide whether the new service standards can be delivered by existing service structures or whether a service change is needed. If substantial service change is needed, we will then need to consider if a public consultation is needed.
- Moving forward, our expectation is that there will be wide ranging resident and stakeholder involvement throughout this process. If significant service change is proposed, we would undertake a formal consultation.
- The inpatient unit at Central London Community Healthcare NHS Trust's (CLCH) Pembridge Palliative Care Centre continues to remain suspended until further notice following its closure due to a lack of specialist palliative care consultant cover and being unable to recruit due to that national shortage of trained personnel. It takes significant consultant resource to run and oversee an inpatient unit and based on current capacity CLCH would not be able to run this safely in the absence of SPC consultant cover. All other services (24/7 advice line including palliative care consultant support, community specialist palliative care nursing service, rehabilitation team support service, social work and bereavement support service, and day hospice services at the Pembridge Palliative Care Centre are unaffected and continue to operate as usual.

## Next Steps

We want to work with local residents, clinicians and partners from volunteer, community and faith organisations to jointly identify and decide what high-quality community-based specialist palliative care looks like. We will then develop a new model of care for our community-based specialist palliative care provision that broadly

defines the way that services are delivered, in a way that can be maintained, is culturally sensitive and better meets our diverse population's needs. The new model of care must be affordable and financially sustainable in the short and long term and will be delivered across the whole of North West London to make sure that everyone receives the same consistent high standard of care.



This involves a respectful and responsive approach to the health beliefs and practices, and cultural and linguistic needs, of diverse population groups. However, it goes beyond just race or ethnicity and can also refer to characteristics that are protected by the Equality Act, such as a person's age, gender, sexual orientation, disability and religion, and also social exclusion and socio-economic deprivation (deprivation caused by factors such as being unemployed or on a low income, or living in a deprived area), education and geographical location. (For more information, visit [www.equalityhumanrights.com/en/equality-act](http://www.equalityhumanrights.com/en/equality-act))

When we have completed our research and received everyone's feedback, we will look to develop the model of care that will deliver the high-quality safe and fair care that people deserve. Our next step will be to look at what services are needed in the future to deliver this new high-quality model of care, that is not only affordable, but sustainable in the long term, and to bring forward proposals that set this out.

So, for now, we are not looking at or discussing what current community-based specialist palliative care services look like or what their future should be, or how many beds we need in a community setting. That will come in due course when we have agreed what good-quality care looks like and the model of care we need to develop in order to provide it.

In summary, we are having a conversation about what we need to do to improve the quality of care our residents and their families and carers receive when they need community-based specialist palliative care.

From this starting position, we want to work with patients, clinicians and the wider community to develop and introduce a new model of care which is fairer, more joined up, high quality and can be maintained in the long term. It must also meet the clinical and individual needs of patients from diagnosis through to the end of their life, and reflect the choices that people want to make on the care they receive and where they receive it.

## Conclusion

- We are undertaking a wide range of engagement and events to understand the improvements residents and health care professionals want in terms of community-based specialist palliative care.

- We have reviewed the feedback and published an interim engagement outcome report that is being used by the model of care working group which is responsible for designing, planning and mobilising the future model of care for adult community-based specialist palliative care.
- It is anticipated that the model of care working group will complete its work in Autumn 2022. We will then move into a development phase where we will carry out a gap analysis, costing exercise and develop the costing model. This will be accompanied by the commencement of an assurance process with NHS England/NHS Improvement and the London Clinical Senate.
- The inpatient unit at the Pembridge remains closed, however, we are currently providing alternative provision through neighbouring local hospices.
- We recognise that services need to be accessible locally and will review inpatient provision as a key part of the review, but cannot pre-empt what this means at present.

We welcome further feedback and suggestions from Hammersmith & Fulham Council. Please let us know by emailing [nhsnwlcg.endoflife@nhs.net](mailto:nhsnwlcg.endoflife@nhs.net)