North West London Integrated Care System

NHS North West London

Hammersmith and Fulham Health and Adult Social Care Policy and Accountability Committee (HASPAC)

19 July 2023

NW London adult community-based specialist palliative and end-of-life care review programme

This paper aims to:

- Provide a comprehensive update on the progress made by the programme team since our last presentation to the Hammersmith and Fulham Health and Adult Social Care Policy and Accountability Committee on 25 January 2023.
- Seek your support and gather your opinions on engaging on our new model of care before officially launching the engagement process in due course.

As key stakeholders, we highly value your ongoing involvement and collaboration in this programme.

Summary of service improvements for Hammersmith & Fulham residents with the proposed new model care for community-based specialist palliative care services for Adults

The proposed NW London Community Specialist Palliative Care model of care for adults (18+) would deliver for Hammersmith & Fulham residents for the first time:

Community Specialist Palliative Care Team

- The opening hours of this team will increase to 8am - 8pm from current 9am to 5pm. Hammersmith & Fulham residents will therefore have access to a 7-day service that operates 12 hours a day to support their care needs.

24/7 specialist telephone advice line

- Hammersmith & Fulham residents who are unknown to the CSPC services will be able to call a local 24/7 specialist palliative care telephone advice line for the first time and receive advice and support.

Hospice at Home

- Hammersmith & Fulham residents will have access for the first time to a Hospice at Home service.
- This service supports up to 24-hour care at home (including overnight sitting) if needed in close collaboration with the usual community care teams.

Inpatient bed care

- Hammersmith & Fulham residents will have access to an increased number of beds, which includes dedicated enhanced end-of-life care nursing home beds for patients who do not require a hospice bed but cannot stay at home due to their needs, do not wish to stay at home, and do not want to or need to be in a hospital. These beds will be available across all boroughs of North West London.

The proposed model of care aims to offer more personalised and culturally sensitive care to address the diverse needs of the entire NW London population, including the specific needs of Hammersmith & Fulham residents and underserved communities.

The model seeks to achieve this through a number of design principles and enablers which support tailoring services to individual preferences, cultural competence training for staff, and actively collaborating with local organisations and partners.

The ultimate goal is to ensure fair access to high-quality community-based specialist palliative and end-of-life care for all Hammersmith & Fulham residents, while creating a supportive and inclusive environment throughout all aspects of care and services.

New community-based specialist palliative care model of care development

Since NHS North West London attended Hammersmith and Fulham Health and Adult Social Care Policy and Accountability Committee on 25 January 2023, the NW London community-based specialist palliative care new model of care working group, has been diligently working to co-produce and agree the new model of care for adults' (18+) community-based specialist palliative care. The model of care working group includes a number of Hammersmith & Fulham residents including a member of Hammersmith & Fulham Save Our NHS. After a series of weekly meetings since May 2022, the model of care working group successfully concluded their discussions on 6 June 2023.

The engagement approach and the work of the model of care working group have been recognised as best practice by the North West London Integrated Care Board (ICB). The feedback from the working group members about their participation, the approach taken, the transparency of the programme team, and the outputs of the working group has been overwhelmingly positive.

For instance, one of the 12 patient representatives on the group, who is also a clinician working in NW London, expressed that being part of the group and engaging in the discussions has significantly enhanced her understanding of palliative and end-of-life care. This knowledge has directly influenced and improved her practice, leading to better outcomes for the patients she has supported at end-of-life.

Future service demand modelling

At the HFSPAC we also committed to undertaking demand modelling and population projections for a 10-year period to support future services modelling rather than 5-years which we presented. This demand work has since been completed.

We expect growth in inpatient bed use to be in-line with the growth in the overall number of deaths in the NW London population over time. This is the result of an ageing population, population growth and a number of other factors such as increasing morbidity from chronic illness.

When we factor this in, we anticipate that we have sufficient inpatient beds across our hospices to accommodate local need for hospice specialist palliative care beds until 2031.

Travel mapping

Work has been undertaken to articulate the geographical proximity between hospice locations and where residents live, to support a better understanding of the impact on residents of travelling to the various hospice inpatient service locations within North West London and see if there are any populations who are adversely affected when accessing these services.

Local Hammersmith & Fulham engagement

The programme team has recently given an update at the H&F End-of-life (EoL) & Integration of Local Palliative Care Services Meeting. Some of the community-based specialist palliative care model of care working group members attend this forum. The Hammersmith & Fulham borough lead for this group and local palliative and end of life care (PEOLC) improvement, Chahksu Sharma, also attends the weekly NW London hospice and cspc sector calls. The NW London community-based specialist palliative care programme lead, Michelle Scaife, provides updates on the programme to the group via this meeting.

North West London's new community-based specialist palliative care model of care for adults (18+)

The agreed-upon model of care encompasses several core service lines designed to ensure improved equity and accessibility. These are underpinned by a number of key principles and enabler also agreed upon by the model of care working group, and are in line with best practice, engagement feedback and national guidance. These services include:

1. Care in your home
    - Community Specialist Palliative Care (SPC) team at home, including support to care homes
    - Hospice at home
    - 24/7 specialist palliative care telephone advice
2. Community Inpatient care:
    - Enhanced end-of-life care beds
    - Specialist hospice inpatient unit beds
3. Hospice outpatient and well-being services:
    - Hospice multi-disciplinary team outpatient clinic appointments
    - Dedicated Bereavement and psychological support services
    - Lymphoedema services
    - Other day care and well-being services provided in the main by charitable hospices

Key changes within new model of care:

We are pleased to share some key changes in the new model of care that have been agreed upon by the working group:

Care in your home:

- Community specialist palliative care SPC Team:
    - 7-day working hours (8 am - 8 pm) – a change from 9am - 5pm with some services which worked only 5 days a week.
    - Increased support to care homes – common core level of training and support
- Hospice at Home:
    - Supporting up to 24-hour care at home (including overnight sitting) in close collaboration with usual community care teams. This is currently not being supported across all existing services.

    - Expansion of services to additional boroughs currently without this service: Hammersmith & Fulham, Ealing, and Hounslow.
- 24/7 specialist telephone advice line – a common core offer including support for known and unknown patients.

Community inpatient care:

- Increased number of beds, which includes dedicated enhanced end-of-life care nursing home beds across all of NW London for patients who do not require a hospice bed but cannot stay at home due to their needs, do not wish to stay at home, and do not want to or meet the need to be in a hospital.
- Existing hospice inpatient unit beds to support our patients with the most complex specialist palliative care need.

Hospice outpatient and well-being services:

- Hospice outpatient MDT clinic and well-being services – a common core offer for the services this encompasses, including lymphoedema, bereavement, and psychological support services:
- Expansion of lymphoedema services for non-cancer patients in Harrow, addressing the current gap in provision
- Dedicated bereavement and psychological support services with common core offer– whilst all our services currently offer bereavement and psychological support this varies in offer and accessibility.

Key principles underpinning the model of care services that have been agreed by the model of care working group:

- Greater partnership working and co-ordination of care among the various providers encountered throughout the journey. This will be supported through better information sharing and communication among the teams supporting the patient's care.
- Greater personalisation of care tailored to patients' specific needs. This will be achieved through holistic needs assessment and the involvement of patients and their loved ones in care planning, including advance care planning. Taking into account that people change their minds and their circumstances can change.
- Greater cultural sensitivity to acknowledge and address cultural differences among the diverse communities in North West London, which play a crucial role in delivering good community-based specialist palliative care. This will be supported through training and workforce development, which is one of the enablers of the new model of care.
- Improved communication with patients and their support network, including carers, family, and friends. This involves actively listening to concerns, keeping patients informed, and supporting carers in their caregiving roles. It also entails enhancing communication among the teams supporting the patient through multidisciplinary collaboration and a common record, such as the London universal care plan (UCP), which enables digital sharing of a patient's advance care plan across the health and care system.
- Increased consideration for utilising technology to support care in community settings and minimize unnecessary hospital visits.

Key Enablers: The successful implementation of the new model of care relies on several key enablers:

- Effective use of data and digital optimisation in service delivery
- Workforce development and planning
- Organisational development and community-based specialist palliative care staff training
- Strong leadership and governance.

Addressing the eight key issues

The new model of care aims to address the eight key issues outlined in an issues paper published by the programme in 2021 which launched this work. By incorporating these issues into our ongoing engagement and co-production of the new model of care the model, we are committed to creating a more comprehensive and responsive community based specialist palliative and end-of-life care system for the residents of North West London.

Next steps - formal engagement about new model of care

The next phase of the programme will be engagement seeking input from the public on the model of care. We will initiate this engagement process once the model of care document is published in mid to end of July. Once the model of care document is published in mid to end of July, we will initiate this engagement process, which will run from July to September.

During this engagement phase, we aim to engage widely and work with our public and stakeholders to:

- Provide an overview of the development process of the model of care
- Outline the contents of the model of care (what is the model of care NOT how it will be delivered), and seek feedback from the public on the new model of care.

While the engagement document will not present options for the delivery of the new model of care, it will emphasise the importance of a well-distributed service that ensures equal access to the necessary care.

Our overarching approach is to engage through the place based partnerships and we have reached out to all of them to discuss how they wish to engage informally with key stakeholders, such as yourselves, and publically when the new model of care document is published.

Next steps after engagement phase – September onwards

- Publish feedback received and a revised model of care, as well as explain next steps

- The programme team will develop a long-list of options for delivery of the new model of care with the steering group doing the initial shortlisting and moving to the next stages of making recommendations about options for any formal consultation should this be deemed necessary.

We are immensely grateful for your continued engagement and contributions which are vital to the success of this transformative initiative. We will continue to keep you regularly updated on the progress of the programme. If you have any questions or require further information, please do not hesitate to contact us: nhsnwl.endoflife@nhs.net