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Shropshire Council

Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: 14 October 2020

Committee:
Joint Health Overview and Scrutiny Committee

Date: **Thursday, 22 October 2020**
Time: **2.00 pm**
Venue: **THIS IS A VIRTUAL MEETING**

Members of the public will be able to listen to this meeting by clicking on this link:
Joint HOSC 22 Oct 2020 2.00 pm

Please note that this meeting will be made available through Microsoft Teams Live Events - your device will need to meet the minimum specification as detailed on the Microsoft website at this link: **Device Specification**

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You are requested to attend the above meeting.
The Agenda is attached

Members of Joint Health Overview and Scrutiny Committee

Shropshire	**Telford**
Cllr Karen Calder (Co-Chair)	Cllr Derek White (Co-Chair)
Madge Shineton	Cllr Stephen Burrell
Heather Kidd	Cllr Stephen Reynolds
Co-optees:	Co-optees:
David Beechey	Hilary Knight
Ian Hulme	Janet O'Loughlin
	Dag Saunders

Your Officers are:
Amanda Holyoak amanda.holyoak@shropshire.gov.uk
Josef Galkowski josef.galkowski@telford.gov.uk

AGENDA

1 Apologies for Absence

2 Disposable Pecuniary Interests

Members are reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the meeting prior to the commencement of the debate.

3 Minutes of the Previous Meeting (Pages 1 - 8)

To confirm the minutes of the meeting held on 6 August 2020, attached

4 System Winter Planning 2020 - 2021

To consider a report **[TO FOLLOW]** on the System Winter Plan from Sam Tilley, Director of Planning, Shropshire, Telford & Wrekin Clinical Commissioning Groups. Sam Tilley and Nigel Lee, Chief Operating Officer, Shrewsbury and Telford Hospital NHS Trust will be at the meeting to answer questions.

5 Sustainability and Transformation Partnership (STP) End of Life Review Update (Pages 9 - 14)

To receive an update (attached) on the End of Life Review from Tracey Jones, Deputy Director Integrated Care, CCG and Alison Massey, Senior Project Manager, End of Life Review

6 Co-Chair's Update

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Thursday, 6 August 2020 at 2.00 pm in Remote Meeting

Present:

Telford and Wrekin Councillors: Derek White (Co-Chair), Stephen Reynolds
Shropshire Councillors: Karen Calder (Co-Chair), Heather Kidd, Madge Shineton
Telford and Wrekin Co-optees: Dag Saunders, Hilary Knight and Janet O'loughlin
Shropshire Co-optees: Ian Hulme, David Beechey

Also Present:

Julie Davies, Director of Performance at Shropshire Clinical Commissioning Group
David Evans, Accountable Officer, Shropshire, Telford & Wrekin Clinical Commissioning Group
Josef Galkowski, Democratic Services & Scrutiny Officer. Telford & Wrekin Council
Nigel Lee, Chief Operating Officer, Shrewsbury and Telford Hospitals NHS Trust.
Kate Manning, Communication and Engagement Manager, Shropshire, Telford & Wrekin Sustainability and Transformation Partnership
Dr Jane Povey, Clinical Lead, Shropshire, Telford and Wrekin Sustainability and Transformation Partnership.
Steve Trenchard, Interim Executive Director for Transformation, Shropshire, Telford & Wrekin Clinical Commissioning Group
Daniel Webb, Overview and Scrutiny Officer, Shropshire Council
Stacey Worthington, Senior Democratic Services & Scrutiny Officer, Telford & Wrekin Council.

Apologies: Councillors S P Burrell

JHOSC1 Declarations of Interest

None declared.

JHOSC2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 2 March 2020 be confirmed and signed by the Chair with the amendment of:

section JHOSC20 – Shrewsbury and Telford Hospital – Winter Pressures Planning so that it reads:

It was confirmed that there had been a 50% increase in uptake in flu vaccinations by staff at SaTH compared to the same period in the previous year.

JHOSC3 COVID-19 Restore and Recover and System Priorities.

The Joint Health Overview & Scrutiny Committee (JHOSC) received a presentation from Steve Trenchard, Interim Executive Director of Transformation, Shropshire, Telford & Wrekin Sustainability and Transformation Partnership on the recovery and restoration of services post COVID-19 in Shropshire, Telford & Wrekin. The presentation covered the following topics:

- Recovery planning.
- The 8 tests Shropshire, Telford & Wrekin must meet.
- Making visible system changes: transformation oversight during COVID-19
  - Phase one: central record of change across System to inform restart position.
- Making visible system changes: transformation oversight during COVID-19
  - Phase two: informing system models post COVID-19.
- Understanding crisis-response measures.
- Caring for our people: psychological support.
- Support offer.
- Looking back at Shropshire, Telford and Wrekin principles
- Shropshire, Telford and Wrekin Integrated Care System principles & expectations
- Shropshire Telford and Wrekin, Sustainability and Transformation Plan, Long term Plan vision.
- System strengths in response to COVID-19.
- Recovery & new normal governance structure for Shropshire, Telford and Wrekin system.

Members asked the following questions and received the below responses.

Members asked the Interim Executive Director for Transformation about the amount and type of support that had been offered to domiciliary care sector during COVID-19 in Shropshire, Telford and Wrekin. The Interim Director for Transformation responded by saying that the system had offered support into domiciliary care and care homes, that both local authorities were a part of this support and that the People System Plan highlighted that.

Members recognised that staff support had been covered in the presentation, but wanted to know more about the staff burnout in Shropshire, Telford & Wrekin hospitals, whether there were any particular types of staff and what could be done to help them.The Interim Executive Director for Transformation invited Nigel Lee, the Chief Operating Officer of Shrewsbury and Telford

Hospitals NHS Trust (SaTH) to respond to this question. The Chief Operating Officer emphasized that this was something that Shropshire, Telford and Wrekin had tried to address as a system, as a number of different types of staff had been affected by COVID-19, but noted that those working in acute care and COVID-19 wards had been particularly affected. The Chief Operating Officer outlined the care package that been put together to support staff such as psychological support, along with additional expertise provided by the mental health trust, other companies and the workforce team at SaTH. He concluded by saying that staff were encouraged to take the appropriate leave during the summer in order to recuperate.

Members asked about the Phase Three letter that was sent out to all NHS system leaders by Sir Simon Stevens, Chief Executive for NHS England and Amanda Pritchard, Chief Operating Officer for NHS England, especially in regards to acute care and how those requirements could be met:

- In September at least 80% of their last year's activity for both overnight electives and for outpatient/day case procedures, rising to 90% in October (while aiming for 70% in August);
- This means that systems need to very swiftly return to at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.
- 100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).

The Chief Operating Officer for SaTH responded by saying that the targets were a challenge due to the additional infection prevention control checks that were needed between seeing patients. However, noted that David Evans, Accountable Officer for Shropshire, Telford & Wrekin Clinical Commissioning Group (STW CCG) and other system leaders had been working hard with NHSEI on accessing additional capital and support. The Chief Operating Officer provided the example of the West Midlands Cancer Alliance of cross border working.

Members asked what would happen if the targets as set out by the Phase Three letter were not reached. The Chief Operating Officer for SaTH responded by saying that SaTH were committed to working with the system to reach the aforementioned targets. The Accountable Officer for STW CCG added that it was not known at the time what would happen if they were not met, but was sure they would be under increased scrutiny from regulators. The Accountable Officer for STW CCG said that the system would be continuing to use the Nuffield Hospital to deliver the elective agenda and was more comfortable that it would be easier to achieve cancer related targets with the use of the West Midlands Cancer Alliance.

Members welcomed the use and uptake of digital consultations in general practice surgeries, but also expressed their concern that it may not be accessible for some groups. The Accountable Officer for STW CCG responded by saying that by April 2021, all GPs would have to offer digital or virtual consultations but that was not the only option available for patients.

Members inquired about the status of the Winter Plan and when it would be available to come to the committee. The Interim Executive Director for Transformation responded by saying that the basic elements of the winter plan had been completed, but the key challenge was to align the winter plan with the restoration of services and refreshing the system plan. The Accountable Officer for STW CCG highlighted that SaTH had roughly lost 75 beds in its capacity due to social distancing measures, that the overall system was challenged for productivity due to infection prevention control measures and the changing of PPE which reduced the rate diagnostic procedures could occur. The Accountable Officer for STW CCG believed that SaTH MRI/CT and Endoscopy procedures were running at 50% to 60% of pre-COVID-19 levels.

Members were keen to understand the use of brought in capacity, in particular to Nuffield Hospital, and whether it was being used to its full capacity. The Accountable Officer for STW CCG responded by saying that the Nuffield Hospital was being used and that colleagues were meeting with Nuffield Hospital to find out exactly how much capacity can be used for the winter period moving forward.

Members asked about the reduction in bed capacity because of social distancing requirements in response to COVID-19. The Interim Executive Director for Transformation responded by saying the bed reduction was critical, however this was mitigated by a new pilot initiative where people were encouraged to "talk before you walk" into the Emergency Department and made better use of NHS 111 and had a strong suite of community services which managed patients coming through the front door of SaTH.

Members asked about the collegiate working that had been undertaken with neighbouring system. The Accountable Officer for STW CCG responded by saying that mutual aid agreements had been created with the Staffordshire health system and a new document outlining a continued mutual aid agreement was in the works. Therefore he was confident moving forward in the cross boundary working between systems. Likewise, with the Worcestershire and Herefordshire system, informal discussions have occurred and there was a recognition of the cross border working which happened both ways. Similarly, the Accountable Officer for STW continued by saying that there were active discussions with Powys Health Board as they were a member of the silver command group.

Members asked about the apparent reduction in the financial capacity available for the system in responding to COVID-19. The Accountable Officer for STW CCG replied by saying that they had not heard directly but noted that the STW CCG put forward a substantial bid like many other CCG's and that they couldn't all be funded.

Members asked for a summary on the level and type of activity that had occurred in both SaTH sites pre-COVID-19, during and current. The Chief Operating Officer for SaTH said that during the initial response to COVID-19 there was an overall reduction in activity, and that during the "recover" period there was a rise to about 80% of pre-COVID-19 levels. Likewise, he added

that there was some disparity between Shropshire and Telford & Wrekin, with Shropshire returning to and above pre-COVID-19 levels of A&E activity and ambulance usage, whereas Telford and Wrekin was slightly below. He said that this was partly in due to that fact that trauma services had temporarily moved to Robert Jones and Agnes Hunt Hospital.

JHOSC4 Restore and Recover: Communications and Engagement.

The Committee received a presentation in advance of the meeting from Pam Schreier, Head of Communication and Engagement, Shropshire, Telford & Wrekin Sustainability and Transformation Partnership and was presented by Kate Manning, Communication and Engagement Manager, from Shropshire, Telford & Wrekin Sustainability and Transformation Partnership. The presentation covered the following topics:

- Communications and engagement for restore and recovery of services following COVID-19
- Communication and engagement Documentation
- Stakeholder and system engagement
- Public and staff engagement.
- Current focus area.

Members asked what techniques were being used for targeted communications for the age group 16 to 30 years old and also individuals from the BAME community. The Communication and Engagement Manager responded by saying that STW STP had been working closely with both Councils and using social media to reach the younger age group to encourage them to follow necessary guidelines. Likewise, for individuals which English is not their first language, they STW STP had been working with the faith communities to translate key messages to reach these people. The Accountable Officer added that Shropshire CCG and Telford & Wrekin CCG had advertised and appointed lay members to join the joint board for both CCG's, which included a lay member for inclusion, diversity and equality.

JHOSC5 End of Life Care Review - Shropshire, Telford & Wrekin STP.

The JHOSC received a presentation from Dr Jane Povey, Clinical Lead for the Shropshire, Telford and Wrekin Sustainability and Transformation Plan (STW STP) and Dr. Julie Davies, Director of Performance for Shropshire Telford and Wrekin Clinical Commissioning Groups (STW CCG) outlining the proposed approach for undertaking a system review on End of Life Care. The authors stressed that they were not bringing a finished approach rather that they were hoping to co-create the approach through discussion in the meeting. The meeting covered the following topics:

- Background
  - Where the need for the review came from
  - Conversations with healthcare partners
  - Chief Executive leadership provided by David Evans, Accountable

Officer for STW CCG and David Stout, Chief Executive of Shropshire Community Health NHS Trust.

- What was done as a system so far
  - Established End of Life group with strategy.
  - System wide implementation of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)
  - 24/7 palliative care helpline
- Local Health Economy End of Life and Palliative Care Strategy for Shropshire, Telford & Wrekin.
- Purpose
  - Outlined the reasons as to why the review was needed.
- Principles
  - Outlined the principles which would guide the review.

Members noted the refreshing approach that was being taken by the presenters, however outlined that one of the key issues faced by patients was that there wasn't a smooth transition through the system.

Members reflected on the struggles faced on accessing End of Life care in Shropshire, Telford & Wrekin in cross-border situations. The Director of Performance recognised that more work needed to be done to link up the out-of-area network to ensure a smooth transition in and out of Shropshire, Telford & Wrekin End of Life care, if that was the wishes of the patient.

Lynn Crawley, Chief Executive of Healthwatch Shropshire asked if staff were trained to have these difficult conversations with patients in relation to end of life care. The Clinical Lead for the STW STP responded by saying that training had occurred but had not reached every single member of staff, and additional support was available from other teams. The Clinical Lead for the STW STP continued by saying the end of life conversation with a patient needed to occur at the earliest point possible, when it became clear that a curative approach cannot be taken, and instead anticipatory medicine should be prepared.

The Chief Executive of Healthwatch Shropshire was invited to responded, and said that a Healthwatch Shropshire report made reference to examples whereby patients hadn't been recognised as end of life. The Clinical Lead for the STW STP agreed and continued by saying there needed to be a recognition of the language used, which is why they referred to end of life conversations as “important” rather than “difficult”.

Members suggested that there be a centralised complaints or feedback system. The Accountable Officer for STW CCG welcomed the suggestion as complaints were made to individual trusts or the CCG and that there wasn't a joined up approach to the way feedback is received and processed in the relevant organisations. The Director for Performance STW CCG supported the suggestion made by members. She added that there was a timing issue on collecting feedback as it was not appropriate to attain feedback immediately following the passing of a patient, but then some families feel they leave it too long to give feedback.

Members felt it was important that domiciliary care workers were trained to be able to have the end of life care conversation as some patients did not have family members to do this with. The Clinical Leader for the STW STP agreed that it was important to train domiciliary care workers and that community teams across the system were training carers to do this, along with trainers that were funded through the Shropshire Partners in Care (SPiC).

Members asked for more information about the ReSPECT forms. The Clinical Lead for the STW STP responded by saying these were available online to download and print out but also from health and care practitioners. Members were advised that patients could choose who they spoke to about the forms and that it needed to be signed off by a senior clinician. Members were directed to the hospice website to find more information about it.

Members asked for clarification regarding the use of anticipatory medication. The Clinical Lead for the STW STP explained that this was a process used to predict the types of medication a patient may need if they were deteriorating in order to make them more comfortable. She also explained that it was there for the attending clinician to make a decision with the patient if it was needed, without the need to wait for a doctor to write a prescription. The Director for Performance STW CCGs added that the end of life medication was important for supporting patients who were in care homes, as this was where many chose to pass away.

Members reflected on anecdotal experiences of end of life care, where the community team was not available and therefore the patient had to spend extra time in the hospital. The Director of Performance for STW CCG responded by outlining the discharge to assess process and recent changes that had occurred in response to COVID-19, which meant that the discharge to assess took less than 24 hours. The Clinical Lead for STW STP added that the changes also meant that patients received care closer to home quicker.

The Chief Executive for Healthwatch Shropshire reminded members of the Committee as well the item presenters that one of the central points of Healthwatch was to receive feedback about any type of healthcare service and that there was a difference between lodging a complaint and feedback within NHS providers of care. The Chief Executive for Healthwatch Shropshire added that the Independent Complaints Advocacy Service had been set up in Healthwatch Shropshire to help patients under what feedback and complaints can be made and what a reasonable response would be.

Members asked whether there was input from different cultures and religions in response to end of life care. The Clinical Lead for the STW STP responded by saying that they currently didn’t have a plan for this but agreed that the engagement with staff and all the community needed to be inclusive.

Members asked for more details about leadership and governance of the end of life review. The Accountable Officer for STW CCG’s responded by saying that it would go through the STW STP, however if there was financial

implications or changes to how services were delivered, it would need to go through the necessary statutory organisations. However, all of the Chief Executives in the area are part of the Chief Executives group and the Integrated Care System shadow board.

Members wondered whether the item presenters could elaborate on the time frame for the review. The Director for Performance STW CCG responded by estimating that it would take around six months but this could be subject to delay due to Winter and COVID-19. Likewise, it was added that the STW CCG would seek to get the formal support for the Terms of Reference from the JHOSC as well as an update around three months into the review. It was added that in the course of the review, if any problems were unearthed, these would be amended in real time rather than at the end of the review.

JHOSC6 Co-Chair's Update

Cllr Karen Calder, Co-Chair of the Joint Health Overview & Scrutiny Committee (JHOSC) outlined some of the work that the Committee had recently undertaken and the plans moving forward. The Co-Chair made reference to a meeting that the Co-Chairs had had with Sir Neil Carr and Cathy Riley from Midlands Partnership NHS Foundation Trust (MPFT) where it was agreed that Mental Health Services would be an item that was explored in the committee, likely spread over a number of meetings. Cllr Derek White Co-Chair of the JHOSC added that the JHOSC, Healthwatch Shropshire and Healthwatch Telford & Wrekin had recently met and had agreed to work together more closely moving forward. Finally, there was a reference from the Co-Chairs to undertake a piece of work reflecting on how the JHOSC can work better and more closely with the health community.

The meeting ended at 4:34pm.

Chairman:

Date: Thursday, 22 October 2020

Shropshire, Telford & Wrekin
Sustainability and Transformation Partnership

Paper Title	System Review of End of Life Care and Experience Review Methodology , Scope and Governance (Terms of Reference)
Paper Details	Paper for : Joint Health and Overview Scrutiny Committee (JHOSC) Date : 22/10/2020 Author : Tracey Jones Deputy Director Integrated Care NHS Telford Clinical Commissioning Group Presenter : Alison Massey Senior Project Manager End of Life Review Purpose : Update JHOSC on End of Life System Review
1.Background to Review	**1.1** This review was initiated in response to consideration of public feedback both at NHS Shropshire Clinical Commissioning Group (CCG) and Shropshire Community NHS Trust Boards with respect to: ▶ End Of Life (EOL) planning and provision in Shropshire, Telford and Wrekin ▶ Freedom of Information questions about out of hours primary care provision to enable EOL Care **1.2** Additionally both Shropshire and Telford &Wrekin Clinical Commissioning Groups have considered feedback shared by Telford and Shropshire Healthwatches following Surveys relating to Experiences of End of Life and Palliative Care (Healthwatch Telford & Wrekin : Dec 2019) (Healthwatch Shropshire : Jan 2020). There is a current live Out of Hours Palliative Care Survey hosted by Healthwatch Shropshire on its own and Telford &Wrekin Healthwatch behalf. This can be found at https://www.healthwatchshropshire.co.uk/out-hours-palliative-care-survey **1.3** The approach and methodology for the review reflects discussions held with Joint Health and Overview Scrutiny Committee (JHOSC) in August 2020. **1.4** This review was proposed and accepted as a system priority project for the Sustainability and Transformation Partnership in September 2020 and was assigned a lead Senior Clinical Commissioning Officer to take it forward. **1.5** The proposed review methodology and terms of reference (aim, scope, expected outputs, timing and governance) has been shared with the following stakeholders/ groups and comments incorporated. ▶ Telford & Wrekin Healthwatch ▶ Shropshire Healthwatch ▶ Local End of Life Specialist Clinicians ▶ Shropshire Partners in Care ▶ Clinical Commissioning Group Executive Lead ▶ Sustainability and Transformation Partnership Clinical lead ▶ System Health and Social Care senior leaders via the Community and Place Based Programme Board ▶ Primary Care Network Development Meeting

<table>
<tr><td>2. Review Aim
What we hope to achieve</td><td>The purpose of the review is not to develop a strategy but to review how we can make impactful change on individual's experiences by learning from feedback and working together as a system</td></tr>
<tr><td>3. Review Methodolgy
How we shall approach achieving the aim</td><td>3.1 A service review traditionally is led by an agenda set by Commissioners. It normally includes commissioners undertaking data collection, performance reviews, regional and national benchmarking exercises and considering achievement against set criteria for providers of the service under review.

3.2 This usually includes conducting surveys and gaining the perspectives of individuals and their families and other stakeholders. The expected outcome is normally a report with a set of recommendations or actions.

3.3 However this system review does not wish to follow the traditional approach as that focuses more on individual providers and those receiving care will often do so from multiple providers. The alternative approach seeks to foster the co-development of solutions across the whole of the pathway.

3.4 As a system we have already come together to develop aspirations of cross system working through the development of a plan on a page for End of Life Care (see Appendix One). This review seeks to build on that system working.

3.5 The methodology for the review is based on using the information we have in our system already which tells us about how elements of end of life care are experienced across pathway/ providers by the individual and their families as well as the staff and managers involved in delivering these services. (See stakeholder list in section 8).

3.6 The review will have two phases

3.6.1 Phase 1
The review will request stakeholders to reflect themselves on the feedback they have had from people receiving services and their families, the public, their staff and any sources of data such as performance monitoring, CQC feedback, strategy reviews.

They will be requested to submit up to 4 questions that are phrased in positive improvement terminology based on this reflection. E.g

▶ How can we improve …?
▶ How could we change experience in relation to ……
▶ How do we ensure that ……....?

The areas they select to be put forward for inclusion do not have to relate just to their own organisation and it is expected that the areas put forward will cross over providers.

Healthwatch Shropshire and Healthwatch Telford&Wrekin will be included as an equal partner and requested to put forward questions from the perspective of public and individual feedback.

Through its complaint processes Clinical Commissioning Groups actively request if individuals are prepared to contribute to service developments concerning the nature of their complaints. It has been identified that there are individuals who are willing to be interviewed in relation to End of Life Care experiences. Interviews will be conducted on an individual basis by the Senior CCG Officer responsible for the project who is an experienced clinician in End of Life Care and patient</td></tr>
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<tr><td></td><td>engagement. This listening to individual stories will continue throughout the life cycle of the review and information fed into appropriate workstreams (see Phase 2 below).

Following completion of this first phase of the review, a collective workshop will be arranged which will allow for the selection of the 4 key themes/ questions. Due to Covid social distancing restrictions this will be held virtually and consideration to enabling full participation will be given.

3.6.2 Phase 2
Task and finish groups will be established to address the questions selected using an action orientated approach.

The leads and membership of the groups will be drawn from across the system dependent upon themes/questions selected with a commitment to involve people with lived experience as a core principle.

Each individual group will be tasked with
▶ Collectively understanding the feedback from stakeholders relating to the question
▶ Considering solutions to the question
▶ Where appropriate using Plan, Do, Study, Act methodology to trial solutions and then use implementation planning to embed changes.
▶ Where necessary escalate solutions requiring formal system agreement and /or additional resources to the Senior Responsible Officer who will raise with the Community and Place Based Board and where necessary Chief Officer Gold Command.</td></tr>
<tr><td>4. Scope of Review</td><td>4.1 In defining the scope of the review, the system does not place less importance on the impact / experience of End of Life Care outside of those included in this scope; rather it seeks to provide a focus for change within its timescales.

4.2 The review scope (as agreed by system partners shown in section 1) is

▶ Limit to Adults 18 upwards

▶ Focus on Expected not sudden End of Life
Death expected within the next 12 months. Includes those whose death is imminent (expected within a few hours and days))

▶ Limit to 4 Key Improvement Questions which will be driven through co-production and not set by the Senior CCG Officer leading the review</td></tr>
<tr><td>5. Expected Outputs</td><td>5.1 The expected outputs will be developed as part of the working groups that will be formed to address the questions generated through the process described above in section 3.6.1.

5.2 It is expected these will reflect improvements across the following criteria

(a) Improved Quality and Experience Outcomes for People : (Reflecting national best practice e.g One Chance to get it Right)
(i) patient and family/ carer experience
(ii) staff experiences and sense of job satisfaction
(iii) clinical outcomes and quality of life outcomes
(iii) patient safety</td></tr>
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	(b) **Cost Effectiveness and Financial Sustainability**: Shropshire, Telford and Wrekin CCG's are committed to the delivery of Services which are cost effective and financially sustainable. (c) **Equity**: Workgroups will be specifically asked to consider the impact of health inequalities on their questions and the need to consider the additional rural /urban divides in Shropshire, Telford &Wrekin. (d) **Integrated Care Pathways**: Providers of services commit to work across organisational boundaries to improve experiences and reduce duplication and therefore contribute to achievement of criteria b above. (e) **Impact on other Services**: Changes to one area may have unintended consequences on other services, statutory and voluntary, groups will be required to consider this when planning outputs. (f) **Clinical Sustainability**: It is widely acknowledged that we are challenged in terms of workforce recruitment. Any proposed outputs need to consider that Service provision is clinically sustainable (g) **Feasibility**: The process of change must be feasible and deliverable.
6. Governance	**6.1** Reports on the progress of this review will be required to be provided to the Community and Place Based Programme Board. This is a subgroup of the Transformation Board and System Integrated Care Shadow Board. This will ensure the appropriate degree of senior scrutiny and escalation of issues requiring further system resolution. Reports will also be provided to Joint HOSC for information/ discussion throughout the duration of the review. **6.2** The working groups addressing the 4 key questions will report into a steering group which will be formed from expanded membership of the existing End of Life Review Group and utilise time already allocated to this system meeting to reduce duplication. This will be subject to review in relation to size of agenda and issues requiring escalation to the steering group. **6.3** Current Membership of this group includes ▶ Severn Hospice ▶ Shrewsbury and Telford Hospital Trust ▶ Shropshire Partners in Care ▶ Shropshire Community NHS Trust ▶ Robert Jones and Agnes Hunt Foundation Trust ▶ Shropshire, Telford & Wrekin CCG Quality and Commissioner leads ▶ Shropdoc Out of Hours Provider ▶ Macmillan Lead GP **6.4** It is proposed the membership of the board is expanded to include ▶ Healthwatch Representation as independent patient voice ▶ Review Lead Senior Responsible Officer ▶ Review Senior Project Lead ▶ Workstream Leads (the expectation is that existing members of the group will be approached to take on this role due to their senior clinical status and pre-existing connection to EOL care, however alternative leads may be selected based on the outcomes of phase 1 such as mental health leads or workforce/training leads)

7. Indicative Timelines	**Action**	**Timelines**	**Responsible Lead**
	Planning 1. Develop methodology 2. Gain collective agreement for methodology and Terms of Reference (aim, scope, expected outputs, timing and governance) across a wide range of stakeholders. 3. Complete stakeholder mapping / identify key individuals to respond to Phase 1	Commence 15th Sept 2020 8th October 2020 12th October 2020	Tracey Jones Tracey Jones Tracey Jones
	Phase 1 – a) Project lead to contact stakeholders with brief for their reflective review b) Stakeholders complete reflection on known information and return questions to Project lead c) Process for collaborative agreement designed d) Collaborative discussion and 4 key questions co-produced/agreed	Week commencing 12th October Return Date 30th Oct Complete by 26th Oct ALL	Alison Massey ALL Alison Massey 12th November
	Phase 2 – a) Identify workstream leads b) Establish workgroups c) Begin codesign and testing of solutions	TBC and further developed post Phase 1	20th November onwards
8. Stakeholders	A: Patients/ Carers/ People with lived experience	Self-identified through complaints and PALs Teams	
	B: Public / Communities	Healthwatch Macmillan Representatives	
	C: Communication and Engagement	Via STP Comms and Engagement Lead	
	D: Staff / Organisations -	Primary Care Robert Jones and Agnes Hunt Severn Hospice Shrewsbury &Telford Hospital Shropdoc Shropshire Community NHS Trust Shropshire Local Authority Shropshire Partners in Care Telford Local Authority WMAS	
	E: Planners and Commissioners -	NHS Shropshire CCG NHS Telford CCG	

Shropshire, Telford & Wrekin
Sustainability and Transformation Partnership

Appendix One

T&WCCG.SCCG/Councils? The Shrewsbury and Telford Hospital NHS Trust | hope house | Shropshire Community Health NHS Trust | Severn Hospice | SPIC Shropshire Partners in Care | Shropdoc

Local *Health* Economy *End* of *Life* and *Palliative* Care *Strategy*

Caring, Responsive, Effective, Well-Led, Safe: A positive experience for patients, carers and families

National Ambitions

- Individual care
- Fair access to care
- Comfort and Wellbeing
- Coordinated care
- All staff care
- Caring Community

Facilitate effective personalised care planning and support of those important to the dying person
- Documentation provides clarity to all regarding patients' preferences/goals for living
- Important conversations
- Identify key worker
- Patient and carer access to documentation
- Shared electronic records

Ensure equal access to palliative and end of life care
- Develop systems with prognostication to identify patients in last year of life
- Co-ordinated processes for referral: clear Access criteria and Co-designed referral documents
- Establish a needs based model that identifies phase of illness and a system for prioritization
- Links with non-cancer specialists
- All supported by GSF and Frailty registers
- Support Transitional Care Initiatives

Establish 'Living Well' concept: support advance & anticipatory care planning & timely access to services
- Culture of care is enablement
- Programs for palliative rehabilitation are established
- Expand homecare models to support a preference to die at home; further develop H@H service
- Provide necessary medication and associated documented administration authority

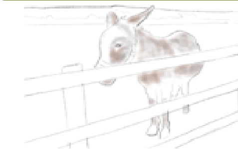
Work in partnership to ensure that care is coordinated between services
- Facilitated by Local Health Economy End of Life Group supported by CCGs
- Services compliment not replicate each other
- There is shared accessible documentation where possible (RESPECT, EOL care plan, PPC) and Flagging
- Integration of services and System learning from Significant Adverse Events

Ensure a competent workforce
- Identify education needs across services; Establish education programmes,
- Robust systems for appraisal and CPD including verification of death

Recognise compassionate communities voluntary support as an extension to services
- Severn Hospice continued roll out of coco
- Volunteering is seen as an arm to wider services
- Clinical services refer to established volunteer support
- Expand competencies in verification of death to facilitate this promptly and confidently

National Foundations

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



Living Well HELPS ---> Dying Better