

A large, stylized illustration of a horse in purple, facing left, with its front legs raised in a rearing or galloping motion. The horse is composed of several overlapping, semi-transparent shapes, giving it a layered appearance.

Kent County Council Social Care, Health and Wellbeing
Adult Social Care

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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Reviewed and Updated November 2019



End of Life Care in Kent

In 2017 we set 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. The framework sets out an agenda for improving the quality and effectiveness of services. This gave us the opportunity to identify gaps and put in place an action plan.

What has been achieved against the End of Life 2017 action plan?

- All Kent County Council Older People short stay services are following the National Gold Standard programme for End of Life Care, ensuring consistent practice.
- End of Life leads in Older People and Physical Disabilities and Learning Disability. And an End of Life champion in Sensory Services has been identified.
- There is a programme of work for Continuing Health Care (CHC) to:
 - Ensure staff understand CHC through training and support
 - Key Performance Indicators have been set and monitored
- Personal Health Budgets continue to be used for people that are eligible and transition from social care to CHC.
- The Design and Learning Centre continues to embed the ESTHER model across Kent and Medway over the next 5 years and this will underpin Primary Care Networks' MDT practice. The ESTHER model originated in Sweden and moves away from "what is the matter with" to "what matters" to people. This approach allows individuals who use care and support services to become an equal partner in planning their care. The name is based on a real person, whose experiences of the 90s Swedish social care system formed the foundations of this way of thinking. To date across Kent and Medway 1700 people are trained as ESTHER ambassadors and 78 ESTHER coaches. Discussions have taken place with Pilgrims Hospice in East Kent around raising awareness of the ESTHER philosophy with the management team and to also deliver ESTHER training to staff and volunteers at the 3 sites. Proposals for ESTHER Cafes looking at experience of EoL services are being developed with involvement from the Hospice. Working with East Kent Hospice to implement ESTHER philosophy.
- We held an event with Health, care providers, hospices and voluntary organisations in 2018 to review progress across the whole system and identify opportunities to improve joint working.
- We have actively been involved in developing End of Life Strategies with CCGs in Kent.
- 5 GP surgeries in East Kent will be taking part in a pilot project on Frailty to review whether a pathway is in place and actively being used. KCC is supporting work on Frailty by providing a support officer.
- End of Life training is available to social care staff.
- Social care participates in Multidisciplinary Teams (MDTs) across Kent to ensure that we continue to work in partnership with Health and that everyone in someone's care is involved.
- The Design and Learning Centre for Clinical and Social Innovation has developed the Hub to respond to the workforce challenges within the care sector. The Hub supports the Care Sector across Kent and Medway to improve quality in care, identify recruitment and retention solutions, provide training opportunities and seek out innovation. End of Life care was part of the Registered Managers conference in March 2019.
- KCC is part of the 5 year project test and learn from the Transforming Integrated Care in the Community (TICC) Buurtzorg programme to inform new ways of working and improve quality in care. This highly acclaimed and evidenced based model has transformed the way in which community health and social care has been integrated and provided in the Netherlands.
- Social care contributed to the development of the Learning Disability training programme to increase staff skills to enable people to meet their wishes at end of life, which was evaluated in May 2019 and recommendations are now being considered.

Overview for 2019/2020

This End of Life care overview has been updated to reflect activity against the national framework as of November 2019 to ensure that Social Care can contribute in making the last stage of life as good as possible.

Penny Southern, Corporate Director Adult Social Care and Health

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Six ambitions to bring the vision about:

- 01 Each person is seen as an individual
- 02 Each person gets fair access to care
- 03 Maximising comfort and wellbeing
- 04 Care is coordinated
- 05 All staff are prepared to care
- 06 Each community is prepared to help

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)"



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

Activity in Kent to support delivery against this ambition

1. There is an Assessment and Eligibility criteria which informs the care and support plan, this ensures a person-centered and strength -based approach.
2. People take control through Personalised Care and Support Plans.
3. We help people take control through Personal Budgets, and for Continuing Health Care.
4. New models of integrated care are tested and rolled out through the Design and Learning Centre for Clinical and Social Innovation.
5. KCC Continuing Health Care team work jointly with health and ensure that the individual is at the center of the assessments process. Fast track for the terminally ill.
6. Equipment is prioritised for people at End of Life Care, KCC and KCHFT have access to a shared equipment store.
7. Ensuring that the right support is in place for the carer through the carers policy, assessment process and services through carer organisations. Design and Learning Centre are currently developing a carers app with support from the Sustainability and Transformation Partnership (STP) and aligns to the carers policy.
8. 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 and always start the discussion 'what matters to you'?
9. Social care staff are involved in MDTs to ensure integrated working and the rights services and care is identified for individuals.

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

Activity in Kent to support delivery against this ambition

1. Contract monitoring of the Older Persons Care Home contract looks for evidence around End of Life Care provision, sensitive conversations, training for staff, good communication practices.
2. All Continuing Health Care data is recorded and used to monitor activity across Kent.
3. Adult Social Care is currently implementing the Being Digital Strategy which will deliver technology and digital transformation.
4. KCC in partnership with Health is currently developing a prison integrated support service and the specification sets out how people in prison are to be supported at End of Life.
5. Staff can support people at End of Life from different diverse groups as well as sensory losses, which has recently been explored through an Equality and Human rights development day.
6. To ensure that there is a consistent pathway of support for those with dementia at the end of their life.

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

Activity in Kent to support delivery against this ambition

1. There is an Assessment and Care and Support planning process to ensure that the individual and family are involved throughout the process.
2. Embedding the ESTHER philosophy across Kent, which always starts the conversation with What matters to you?
3. KCC Adult Social Care services allow relatives/friends to visit 24 hours a day and provide meals and opportunity for overnight stays if appropriate. The centers facilitate access to health care professionals such as hospice team and GP.
4. KCC Adult Social Care Services follow the National Gold Standards program for EoL care.
5. Carer organisations are commissioned to play a role in supporting carers with life after caring. In East Kent a Carer booklet is made available offering information and guidance on forward planning, support can be offered to the carer for up to a year.
6. KCC County Principal Occupational Therapist to continue to develop partnership working with local councils regarding tenure blind and non-means tested Disabled Facilities Grants to supply urgent provision of adaptations to support end of life care.
7. The Design and Learning Centre is leading on 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

Activity in Kent to support delivery against this ambition

1. Embedding the ESTHER model across Kent, which creates smoother, safer and integrated pathways.
2. In East Kent there is a Patient and Carers information pack which was developed by KCC, Health and other organisations. Kent Community Health Foundation Trust have developed a strategy for EoL care using the same priorities as the Kent priorities.
3. In East Kent there is an End of Life Care Strategy which was developed by KCC, Health and other organisations. The East Kent End of Life Interagency Policy details roles of each party including KCC.
4. The West Kent CCG developed an EOL strategy and has bimonthly meeting of a 'Strategy Implementation Group' (SIG)- They have active involvement from both hospices (Hospice in the Weald and Heart of Kent Hospice) plus the carer agencies (Crossroads), secondary care and the community services.
5. An End of Life Care strategy 2017-2020 is in place for Medway and Swale CCGs in partnership with KCC.
6. 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.
7. Community Learning Disability Teams are integrated with health, there are three EoL champions within KCHFT, the champions link to OT services, SALT teams and other health professionals.
8. The Community Learning Disability Teams have two dedicated staff for End of Life Care who are a contact point for local hospices.
9. Within East Kent, Pilgrims Hospices are piloting the Think, Talk, Act, Be programme to provide support for those facing EOL and to introduce personalized care planning. Five GP surgeries are reviewing relevant support that is available to their patients.
10. Working in partnership with Kent and Medway CCGs to develop the Kent and Medway Care Records which will, by 2020, provide health and care professionals with a single view of their patients' electronic health and social care records and enable patients and service users to review their own records. This will enable these professional to provide better, more joined up care across Kent and Medway.

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

Activity in Kent to support delivery against this ambition

1. The Director of Partnerships Adult Social Care and Health is the lead for End of Life Care is part the Sustainability Transformation Programme (STP) Clinical Board.
2. 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 and providers to review progress and identify and address gaps.
3. KCC has access to national information and networks and is part of the Kent, Surrey and Sussex Academic Health Science Network End of Life group.
4. The KCC Continuing Health Care Team has a rolling programme of webinars and workshops for staff. Plans to upskill KCC 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. CHC checklist created to ensure people receive appropriate support and new KPIs introduced for CHC activity to monitor across OPPD
5. Adult Social Care staff are signposted to the national resources and training that are available.
6. 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.
7. Staff within Adult Social Care fully utilise telecare and equipment.
8. Being Digital strategy which aims to help people to achieve the best possible health and well-being outcomes, living independent and fulfilling lives in their own homes and communities by using digital innovation and technology for people of all ages in organising and delivering care and support.
9. KCC Sensory Team have agreed to have a Champion to ensure we include those with sensory loss and are fully aware and update on services available.

Ambition 6:

Each Community is prepared to help

Building Blocks for achieving this ambition:

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

Activity in Kent to support delivery against this ambition

1. Health Watch recent survey results found EoL one of the top seven priorities to focus on for 2019-2020, KCC to create links with Healthwatch and support this area of work as it develops.
2. Care Navigators are in place across Kent, in some areas working in GP surgeries. In Ashford the care navigators link with the Frailty Consultant at the William Harvey Hospital who visits people that are EoL.
3. There are a range of community projects, which consists of several Age UK integrated projects, community warden schemes and communities delivering differently in neighbourhoods where neighbourhoods take the responsibility for sharing information and connecting people.
4. Information on the Kent Adult Social Care offer including End of Life care is available on Kent.gov.
5. In some areas of Kent there has been development of Menu of Services which signposts people to local services. ARMS have a menu of services database for all areas of Kent.
6. A Carers App is being developed to support those who are carers and who are cared for.

More information**Adult specialist palliative care units and teams in Kent****Ashford**

Pilgrims Hospices in Ashford

01233 504133 (24 hour)

ph.pilgrimshospices@nhs.net

William Harvey Hospital Macmillan Palliative Care Team

01233 633331 via switchboard

Canterbury

Pilgrims Hospices in Canterbury

01233 504133 (24 hour)

ph.pilgrimshospices@nhs.net

Kent and Canterbury Hospital Palliative Care Team

01227 766877 via switchboard

Dartford, Gravesham and Swanley

Ellenor Hospice (24hour)

01474 320007

telh.clinical-admin@nhs.net

Darent Valley Hospital Palliative Care Team

01322 428293

dgn-tr.palliativecare@nhs.net

Maidstone

The Heart of Kent Hospice

01622 792200

THO.ClinicalAdminHoKH@nhs.net

Maidstone Hospital Macmillan Palliative Care Team

01622 225024 (bleep 1425 or 1133)

Margate

Pilgrims Hospices in Thanet

01233 504133 (24 hour)

ph.pilgrimshospices@nhs.net

QEQM Hospital Palliative Care Team

01843 225544 via switchboard

Medway and Swale

Medway Community Healthcare CIC:

Wisdom Hospice, Community Palliative Care Team, Wellbeing and Therapy Centre

01634 830456

wisdom.hospice@nhs.net

Medway Maritime Hospital, Hospital Palliative Care Team

01634 833807

MEDCH.HPCT@nhs.net

Tunbridge Wells

Hospice in the Weald

01892 820500

hitw.hospice@nhs.net

Tunbridge Wells Hospital Macmillan Palliative Care Team

01892 -635675 (bleep 2346 or 2397)

Many of the Hospices provide support on a 1:1 basis, families and groups. Advice is available, tailored to the individual need.

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>

<https://www.swaleccg.nhs.uk/wp-content/uploads/2019/10/Swale-EoL-Strategy-2017-20.pdf>

East Kent Interagency Policy:

<https://www.pilgrimshospices.org/wp-content/uploads/2018/07/EOL-Policy-final-v11.0-August-2016.pdf>

East Kent End of Life Interagency Policy details roles of each party, including KCC at Section 5.8. KCC to provide communication with EoL lead, support patient, provide access to advocate, complete assessment, support SU to remain in own home and provide a named worker. KCC also to provide enablement, equipment, telecare and signpost to Carers Support and Crossroads

East Kent Policy for Just In Case boxes:

<http://southkentcoast.referralsupport.co.uk/wp-content/uploads/2019/02/Just-In-Case-Boxes-Policy-Dec-2017.pdf>

Training and support tools

NHS Choices - End of Life Care

<https://www.nhs.uk/conditions/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-it-starts.aspx>

Access – OpenAthens

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.

A programme for End of Life is available:

<https://www.e-lfh.org.uk/programmes/end-of-life-care/>

<https://www.e-lfh.org.uk/wp-content/uploads/2017/08/Revised-ELCA-topic-matrix-July-17.pdf>

On line course Level 2 Principles of End of Life care – Mid Kent College:

<https://www.midkent.ac.uk/course-details/online-learning/level-2-in-principles-of-end-of-life-care/96p965-a1819/>

KCHFT Advance Care Planning Modules – 10 units, each taking 15-20 minutes:

<https://www.kentcht.nhs.uk/course/end-of-life-care-the-advance-care-planning-training-programme/>

Electronic Palliative Care Co-ordination System - BMJ article want this rolled out nationally by 2020

NICE Guideline – End of Life Care for Adults: Service Delivery

<https://www.nice.org.uk/guidance/ng142/resources/end-of-life-care-for-adults-service-delivery-pdf-66141776457925>

Communication with LD Clients:

A paper from Tracey Rose (Specialist Matron - Learning Disabilities, Community Learning Disability Team) shows that care workers find it difficult to support clients, being unsure of how they can best do this.

[Communication of death related bad news for LD clients](#) [End of Life in LD training](#)

[paper - BBN 07.2017.pdf](#)

Community/Care Navigators

Care Navigators work with people near end of life and their carers. Signpost to hospices, Carers Support and organisations that can support with LPA etc. Also ensure that the person has the correct benefits and help at home. In Ashford the Care Navigators link with the Frailty Consultant at the William Harvey Hospital who visits people that are nearing End of Life.

<https://www.kent.gov.uk/social-care-and-health/care-and-support/housing-and-care-homes/help-to-live-at-home/care-navigators>

KCHFT- End of Life care improvement collaborative:

<https://improvement.nhs.uk/resources/end-of-life-care-improvement-collaborative-kent-community-health-foundation-trust/>

https://improvement.nhs.uk/documents/2312/Kent_Community.pdf

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-eligibility

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>

Funding for Skills for Care Workforce Development Fund 2019-20 (until 31 March 2020)

<https://designandlearningcentre.com/resources/>

More information

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