

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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## End of Life Care in Kent

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 September 2015. The framework sets out an agenda for improving the quality and effectiveness of services. KCC 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 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 clients, 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:

- 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

- 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, Personal Health Budgets for Continuing Health Care.
- Currently exploring and implementing new models of integrated care through the Design and Learning Centre for Clinical and Social Innovation.
- KCC Continuing Health Care team work jointly with health and ensure that the individual is at the center of the assessments process.
- The Older Persons Care Home Contract encourages to 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 Centers.
- 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

#### Activity in Kent

- 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.
- 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 Programme which will deliver technology and digital transformation. When the programme is complete in 2019, KCC 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, KCC 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.
- KCC in partnership with Health is currently developing a prisons integrated support service and the specification sets out how people in prison are to be supported at End of Life.
- Staff are able to 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.

## 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

- 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. The centers facilitate 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.
- KCC County OT Manager to continue to develop partnership working with local councils in regards to tenure blind and non means tested DFG's to supply urgent provision of adaptations to support end of life care.
- 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

- Across Kent there are Integrated Care Centres and due to the nature of the units, records are both health and social care and the working arrangements and agreement is such that information from both organisations supports shared care planning.
- Embedding the ESTHER model across Kent, which creates a smoother, safer and integrated pathways.
- In East Kent there is a Patient and Carers information pack which was developed by KCC, Health and other organisations.
- In East Kent there is an End of Life Care Strategy which was developed by KCC, Health and other organisations. This was developed by a pathway redesign group to ensure joined up care.
- An End of Life Care strategy is currently being developed for Medway and Swale CCGs in partnership with KCC.
- We have mapped all integrated staff meetings across Kent, which shows where all Multidisciplinary Team Meetings, Continuing Health Care DST 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 the Buurtzorg model which is 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

#### Activity in Kent

- There is a Director lead for End of Life Care.
- The Social Care Director lead for End of Life Care is part the STP Clinical Board, where End of Life is a priority.
- Adult Social Care has an End of Life Care steering group, which meets on an annual basis. And once a year there is a forum with Health and providers to review progress, identify and address gaps.
- There are leads/champions for End of Life across Adult Social Care.
- 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.
- 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
- 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 utilize telecare and equipment.
- Through digital STP 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

#### Activity in Kent

- Health Watch End of Life 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](http://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-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.

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](http://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>

## More information

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