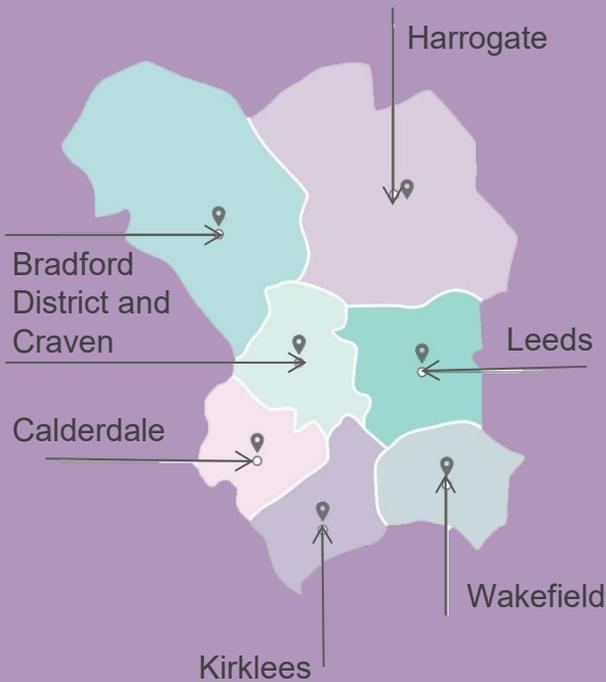


Telling our Partnership story



Proud to be the West Yorkshire and Harrogate Health and Care Partnership

Committed to improving the health and wellbeing of people living in:



- Working to improve people's health with and for them
- Improving people's experience of healthcare
- Making every penny in the pound count
- Working to keep people well and make life better for 2.6 million people living in West Yorkshire and Harrogate.

West Yorkshire and Harrogate Health and Care Partnership



Making Advance Care Planning everyone's business in Kirklees Care Homes

Our ambition

The Covid 19 pandemic posed the greatest health risk to the most frail of our community. NHS England guided clinical teams to engage in personalised Advance Care Planning in order to ascertain the future wishes of the residents of older peoples care homes to ensure the care they receive is congruent with their wishes and priorities. Whilst the Local Care Home Support Team (CHST) have engaged in Advance Care Planning with care-home residents across Greater Huddersfield for the past 3 years, the process was not fully embedded across the health system.

Our aim was to give all residents of older peoples care homes across the whole of Kirklees, the opportunity to discuss their wishes and priorities for future care by working in collaboration with key stakeholders, to embed the process of Advance Care Planning into everyday practice.

What we are doing and why:

During the Covid Pandemic, colleagues from across Locala, Kirkwood Hospice and the CCG were re-deployed to the Care Home Support Team (CHST). Education was provided to support new colleagues in the Advance Care Planning process, frailty and its trajectory, enhanced communication skills, mental capacity assessment and best interest decision making. With the aim of protecting vulnerable elders, many discussions were held using virtual technology, another skill rapidly developed by the team.

Effective **documentation** was essential in communicating resident's wishes across the health system. The Electronic Palliative Care Coordination System (EPaCCS) (available on NHS primary care clinical computer systems), allows recording and sharing of palliative care information that can be viewed and updated by primary and secondary healthcare. The team adopted this system alongside written care plans that were shared with residents and care-home teams.

Unambiguous documentation with clear guidance to support clinical decision making in the event of a resident deteriorating in health were developed through collaboration with Yorkshire Ambulance Service.

What's next?

The aim is to sustain and building on the achievements made during the Covid pandemic. A programme of virtual education sessions has been developed to enhance the knowledge and skills of community clinicians in Advance Care Planning, (available at kirkwoodhospice.co.uk). Bespoke Care home sessions are also available from the CHST.

- Colleagues who were redeployed to the CHST will return to their substantive posts with new knowledge and skills to share with colleagues.
- To support people making their own wishes known prior to losing mental capacity, we aim to start Advance Care Planning discussions earlier.
- We aim to adopt Standardised documentation to facilitate a system-wide approach.
- EPaCCS is not yet accessible to care-homes or social-care, but this is a future aspiration.



NHS Wakefield CCG
White Rose House
West Parade Wakefield
WF1 1LT

 westyorkshire.stp@nhs.net

 www.wyhpartnership.co.uk

 [@WYHpartnership](https://twitter.com/WYHpartnership)

 01924 317659

A partnership made up of the NHS, local councils, care providers, Healthwatch, community and carers organisations

December 2020

West Yorkshire and Harrogate
Health and Care Partnership

