

A. Service Specifications

Service Specification No.	2
Service	Claire House Hospice to Home Service (H2H)
Commissioner Lead	NHS Wirral CCG
Provider Lead	Claire House Children's Hospice
Period	3 years (1 st April 2016 – 31 st March 2019)
Date of Review	November 2016

1. Population Needs

1.1 National/local context and evidence base

Evidence Base

The Hospice to Home (H2H) service aims to develop robust systems to support 24/7 palliative and end of life care for children and young people in their preferred place of care; through an effective integrated delivery of care by local and specialist services.

Claire House H2H service is a 24 hour rapid response service which enables a step up, step down approach to care at home which provides specialist end of life care or enhanced nursing support to prevent unnecessary hospital admissions for those children with palliative and complex health care needs.

The H2H team works in partnership with children/young people and their families as well as statutory services from health including primary, secondary and tertiary providers. This service specifically addresses the need for children who increasingly have very complex health care needs, to have increased access to high quality care and meets the recommendations of national strategy for EOLC.

Without the H2H service, existing children's community nursing services are not currently commissioned to provide the 'step up' support for end of life care at home, including the availability of 24/7 CCN support, which would limit realistic choice of place for EOLC. In addition such professionals find it a challenge to maintain their skills and competence in end of life care due to the small number of cases and consequently lack of clinical exposure.

2. Scope

2.1 Aims of service

Aims

The aim of this service is to provide high quality specialist palliative and end of life care to children/young people and their families in their home environment as agreed by the commissioner.

Palliative care for children and young people with life-limiting conditions is an active and total approach to care, from the point of diagnosis or recognition, embracing physical, emotional, social and spiritual elements through to death and beyond. It focuses on enhancement of quality of life for the child/young person and support for the family and includes the management of distressing symptoms, provision of short breaks and care through death and bereavement.

Care of the dying

End of life care is provided for children and their families in the last hours and days of life. It incorporates four key domains of care: physical, psychological, social and spiritual, and supports the family at that time and into bereavement.

2.2 Objectives of service

- To ensure an effective integrated model of care that is safe, provides a quality and cost effective service that supports the end of life needs of children, young people and their families.
- To engage both strategically with emerging commissioning structures as well as build critical operational relationships locally to ensure plans are supported and meet the needs in regard to EOLC for children and young people.
- To support the development of effective partnership arrangements between health providers that enables advanced planning and co-ordination of integrated care.
- To provide critical review and feedback for health professionals and families.
- To work closely with neighbouring areas with consideration of geographical boundaries and other services involvement e.g. other Merseyside CCG's, West Lancashire, Cheshire.
- To ensure that continuous and clinically led reviews of the service are undertaken to review benefits of this model of care

2.3 Service description

The service will:

- Deliver an equitable, rapid response EOLC service to be available 24/7 365 days per year.
- Be person centred with the ability to respond rapidly but safely to facilitate choice in place of care.
- Be provided by practitioners with appropriate qualifications, skills set and expertise.
- Work collaboratively with statutory services, maximising the services the child and family receives. Work duplication will be reduced and therefore resource waste will be eliminated.
- Take into account safety issues in order to reduce any potential harm for the child, family or the staff providing the service.
- Implement and monitor policies in order to reduce risks associated with all aspects of clinical governance.
- Establish and agree an individualised care plan with each family.

2.4 General Overview

The H2H Service consists of appropriate nursing and medical support, to provide specialist palliative and end of life care for children and young people.

The H2H team works in partnership with parents and families and provides specialist nursing care, on a 24-hour basis, along with other elements of palliative care.

Service Description

The H2H_team will provide the following service provisions to children/young people with palliative and EoLC needs and their families:-

- End of Life Care – This will include 24 hour on call nursing service for advice and care.
- Symptom Assessment and Management
- Specialist Palliative Nursing Care
- Emotional and Psychological Support
- Bereavement Care and Support

In addition to the commissioned services above Claire House will provide access to counselling, play, music and complementary therapies as a charitable offer which enhances the holistic care the child and family receives

Each child/young person will be allocated a key Worker who will work with the family to assess their individual needs and plan their care.

The team consists of a Hospice at Home Manager, Team Leader, 3 Senior Nurses, Nurse and 2 HCSW. The senior team have undertaken palliative care, advanced clinical skills and non-medical prescribing

qualifications

Claire House is responsible for all of the governance and monitoring with regards to Non-Medical Prescribers

Referral Standard Operating Procedures

Please see Appendix 1 – End of Life Care SOP

Please see Appendix 2 – Palliative care SOP

Accessibility / Acceptability

This service is to be open 24 hours a day 365 days a year including bank holidays and is available to children/young people aged 0-18 years inclusive, resident in Wirral and who are assessed as requiring specialist palliative and end of life nursing care.

In order to ensure that parents/carers understand that this service is available for them to utilise the Provider is to conduct an Equality Impact Assessment to ensure an action plan is produced to improve the accessibility of the service for the key groups that have been identified as hard to reach or vulnerable.

Referral Source

Children/young person or parents/carers/guardians may self-refer or be referred by professional agencies.

- Self-Referral
- Secondary Care
- Tertiary Care
- Primary Care

2.5 Population covered

The service will be available to the patients registered with a GP associated with NHS Wirral, plus those who are resident within its geographical boundary but are unregistered. This population is approximately 339,000.

2.6 Any acceptance and exclusion criteria

Families who live on Wirral and have a child/young person (0-18 inclusive) where medical confirmation is given that the child/young person is suffering from a life threatening or life limiting condition.

2.7 Interdependencies with other services

The service cannot work in isolation and must work collaboratively with partners to deliver safe, effective care.

Partners will include:

- Specialist palliative care teams
- Wirral's Children & Young Peoples Department
- Health Visitors
- School Nurses
- Secondary care
- Alder Hey and other specialist tertiary care providers
- GPs
- Community paediatricians and AHPs
- CAMHS
- Adult Mental Health Services
- Safeguarding services
- Third Sector Organisations
- Other services as appropriate

Stakeholders and interdependencies will vary as identified above and the need for interface with other service providers cannot be over stated. Access to and support from services should always be accessible as circumstances allow.

3. Applicable Service Standards

3.1 Applicable national standards eg NICE, Royal College

- DH (2008) Better Care Better Lives. Improving Outcomes and experiences for CYP and their families living with life-limiting and life –threatening conditions. DH London
- NHS England (2013). E03/S/h - 2013/14 NHS standard contract for paediatric medicine: palliative care particulars, schedule 2 – the services, A - service specifications.
- Children and Young People’s Health Outcomes Forum - Report of the Long-term Conditions, Disability and Palliative Care Subgroup (2012).

3.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- Together for Short Lives (TFSL) (2013) Commissioning children’s palliative care: A guide for Clinical Commissioning Groups (CCGs)
- Together for Short Lives (2013). A Core Care Pathway for Children with Life-limiting and Life-threatening Conditions
- Fraser LK, Parslow RC, McKinney PA, Miller M, Aldridge JM, Hain R, Norman P (2012) Life-limiting and life-threatening conditions in children and young people in the United Kingdom; final report for Together for Short Lives.
- Noyes J, Tudor Edwards R, Hastings RP, Hain R, Totsika V, Bennett V, Hobson L, Davies G, Humphreys C, Devins M, Haf Spencer L, Lewis M (2013). Evidence-based planning and costing palliative care services for children: novel multi-method epidemiological and economic exemplar. BMC Palliative Care 2013, 12:18.

4. Key Service Outcomes

4.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	1.6
Domain 2	Enhancing quality of life for people with long-term conditions	2.1, 2.4
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care Improving the experience of care for people at the end of their lives.	4.6
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm	

4.2 Local defined outcomes

- Increased number of children dying and being cared for in their preferred place of care.
- Reduced hospital spells or episodes for children.
- Facilitated real choice for end of life care at home.
- Improved quality of life for family
- Lessen the likelihood of family breakdown and the child/ young person needing to be accommodated by the Local Authority.
- Choice for child/young person/family in venue for care provision
- Increase in numbers of children/young discharged from acute settings to domiciliary care

Care provision moves seamlessly between secondary/tertiary care, hospice in patient, and home according to family needs and preferences at any stage.

5. Location of Provider Premises

The Provider's Premises are located at Clatterbridge Road, Bebington, Wirral, CH63 4JD.

6. Individual Service User Placement

Not applicable.