



Living, dying, remembering

HEALTH OVERVIEW AND SCRUTINY PANEL

End of Life – COVID and beyond

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What we want to do

- Background to why we are here
- Our strategy 2020 and future plans – what should a hospice look like?
- COVID 19 – responses and lessons learned
- The importance of shared values



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Why Mountbatten? - a 60s revolution

Dame Cicely Saunders,
OM, who founded
hospices in 1967 and
whose vision continues to
influence the work of UK
hospices
(1918 –2005)



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Background to hospices...

- Hospice started in 1967
 - Care
 - Education
 - Research
- Total Pain
 - Physical
 - Emotional
 - Social
 - Spiritual
- Multi-professional team



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However...

- A home death is not necessarily a good death...
- Not all hospital admissions inappropriate... not all experiences poor
(Gott 2014; Robinson 2014)
- Different ways of partnering with acute sector needed...



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Mountbatten - Challenges

- Growth in need – people living longer
- Enough staff and money to meet the growing need
- No-one wants to talk about or prepare for death, dying and bereavement



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Mountbatten - Challenges

Latest forecast re people needing Palliative Care (Cicely Saunders International, King's College, London 2017)

- If figures continue to rise the same as during 2014 – 25.4% rise in need by 2040
- If figures continue to rise at same rate as between 2006 – 2014 – 42.4% rise by 2040
 - Dementia – 59,199 in 2014 to 219,409 in 2040
 - Cancer – from 143,635 in 2014 to 208,630 in 2040
 - Although numbers with co-morbidities unknown – now noticing the biggest rise
- Isle of Wight thought to be 15 years ahead of the rest of the UK in terms of demographic
 - 1 in 6 households on IOW are a single person over the age of 65
 - 25% of these people are over the age of 85

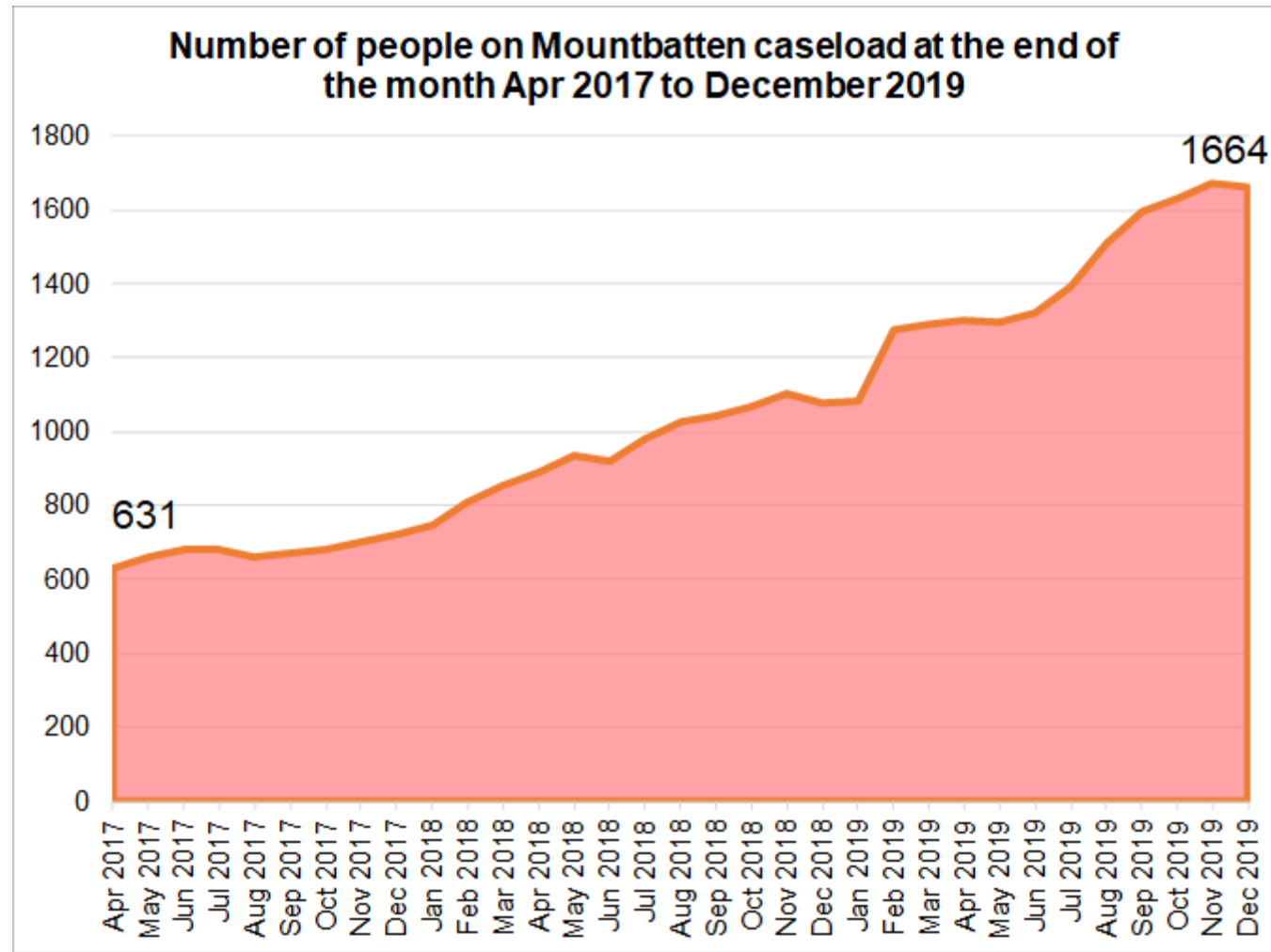
Isolation in the last years of life remains one of our biggest challenges

We need to remain in 'sync' with our community and engage in the every day conversations – Assisted dying; dementia; loneliness; old age and frailty



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Mountbatten - Challenges



Mountbatten

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OUR STRATEGY 2020 - 2025



OUR THREE STRATEGIC AIMS FOR MOUNTBATTEN

We will change public perceptions around death, dying and bereavement and also about the work that Mountbatten does.

We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored.

We will make sure that everything Mountbatten offers is sustainable for the benefit of future generations.

OUR NEW MOUNTBATTEN MODEL



KEY AREAS FOR CONTINUOUS DEVELOPMENT

will be supported by indepth implementation plans as follows:

- 1 Developing and sustaining expert care and support services
- 2 Developing and growing our volunteer offer
- 3 Developing a shared, common language about what Mountbatten does in partnership with our communities
- 4 Developing new and existing partnerships
- 5 Developing and sustaining our impact for the future
- 6 Developing robust education and training programmes across communities, including the local Health and Social Care system

"Mountbatten's team is expert. Our absolute confidence and authority around death, dying and bereavement across our entire workforce, supports our ambition to reach everyone who needs us, from those requiring complex clinical interventions, to those who are simply curious about death, dying and bereavement."

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Strategic implementation plans 2020 onwards...

- Service development
- Volunteers
- Communications - Our story and key messages – creating a 'shared language'
- Survival and sustainability
- Education

...regular meetings and actions updated with key individuals and teams essential



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Death....

We will all die, we will all be bereaved...

We have all of our lives to prepare for it

and yet...

most of us are unprepared when it happens

A major failing of the Modern Hospice Movement is that there has been little or no change to this over the past 50 years.... (BBC poll 2005)

Are hospices 'out of sync' with the public conversations? – Assisted dying; changes in demographic; changing in dying 'process'; etc.



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What does Mountbatten do?

- 24/7 care at home – including Care Homes Inpatient beds
- Day Care, Rehabilitation, Self-help
- Bereavement support – for everyone who needs it
- Public programmes – changing people's attitudes towards Mountbatten and our work



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COVID 19 – responses and lessons learned

- All Inpatient beds open throughout
- Visiting to inpatient unit possible but in managed way – also introduced Skype and Zoom calls for patients and families
- PPE challenges and lessons learned – training put in place including trained to fit test FFP3 masks and Easiair hoods
- Infection control audits – high compliance throughout
- Risk assessments carried out for all areas – including home visiting
- New Shower facilities put in place for staff
- Care home support for staff – including bereavement
- Community visits continued
- Mountbatten staff supporting Care Home patients
- Increased bereavement referrals – continue to grow – also complexity
- Virtual support for patients and relatives – including on-line group programme – rehabilitation and other support
- CHC care packages continuing and also growth in delivery
- Discharge coordination from UHS – new post joining Hospital Palliative Care Support Team
- Mountbatten Consultant Nurse joining UHS Hospital Palliative Care Support Team



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COVID 10 – responses and lessons learned (Cont.)

- Regular communications with staff and volunteers from CEO
- Regular updates re changes in national and local guidance
- Developed new volunteer roles for people who were furloughed from work to support patients, families and staff – training and support given
- COVID 19 contingency plans in place and updated regularly
- 24/7 community ‘hub’ in place and implemented ahead of target in response to community need during COVID-19
- Waiting list for services eliminated and single community caseload approach introduced
- Use of SystmOne implemented in partnership with GPs
- Regular ‘Lessons Learned’ sessions with external partnerships as appropriate
- ‘Love not Loneliness’ campaign – every person on Mountbatten caseload received visit and gift at Christmas
- Crisis appeal to community - around £200k across Hampshire
- Review of fundraising events
- Completed National Capacity Tracker daily



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Mountbatten - Values

'you matter because you are you, and you matter until the last moment of your life'

Cicely Saunders

Culture, values and behaviours...

Doing what it says on the tin...

Giving the right messages...



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Mountbatten - Values

- We care about what we do – we appreciate that people are different and we are kind and compassionate to our patients and families, to our local community and to each other
- We are experts in our field – we are professional at all times, aspiring to be the best that we can be in everything that we do
- We are innovative and bold – we respond quickly and creatively to the changing needs of our society within the scope of our human and financial resources
- We respect our community – we exist for our local population now and into the future, and we believe that we can achieve more together by working in partnership with others



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Mountbatten - Values

We must be bold (always!)

We must be disruptive (at least once a day!)

We must show and instil authority, humility and generosity (hold firm to our values)

Remain faithful to social justice (focus on the disadvantaged)

'...a team who work together to relieve where they cannot heal, to keep the person's own struggle within his compass and to bring hope and consolation to the end' *(Saunders 1958)*

*It's was never intended to be rocket science...
what we do is very simple – expertise and kindness*



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