REPORT TO:	Health & Wellbeing Board
DATE:	8th October 2025
REPORTING OFFICER:	Transformation Manager, Palliative & End of Life Care - NHS Cheshire & Merseyside. End of Life Lead - One Halton Ageing Well Delivery Group
PORTFOLIO:	Health and Wellbeing
SUBJECT:	End of Life
WARD(S)	All Wards

1.0 PURPOSE OF THE REPORT

1.1 To inform the Health & Wellbeing Board Members of the continued work regarding End of Life (EOL) services in Halton under the direction of the One Halton Ageing Well Delivery Group.

2.0 RECOMMENDATION: That

1) the report be noted by Health & Wellbeing Board Members who consider its content, its relevancy to the work of their own organisation/department and opportunities for partnership working in future.

3.0 SUPPORTING INFORMATION

3.1 **What is the Need for the Project?**

Does Halton have a healthy EOL System? NHS England has targets relating to Advance Care Planning, Gold Standards Framework meetings and Cardiopulmonary resuscitation (CPR) discussion/decision. Halton is currently the worst performing of the 9 Places in Cheshire & Merseyside.

3.2 **The One Halton Palliative & End of Life Care (PEoLC) Locality Group.**

Project aims to develop an EOL system in Halton which builds relationships & understanding between stakeholders, breaks down silo working and improves services for Halton patients, their families and Carers.

A wide variety of stakeholders participate in the project including General Practice, Hospital Trusts, Community Services, Local Authority and Voluntary, Community, Faith and Social Enterprise Sector (VCSFE).

3.3 **Projects relevant to the NHS England targets:**

- **Advance Care Planning – The Halton Palliative Care & End of Life Personalised Care Plan (Halton PCP)**
  An electronic document (EMIS template) which records and shares the preferences of a patient (such as Place of Care, Place of Death or resuscitation status) across the EOL system. It's for any patient who has been identified as potentially being in their last 12 months of life.
- **EOL Training Opportunities**
  Training is provided which empowers colleagues to recognise the correct time to ask EOL questions, record responses and share with colleagues.
- **Support with Gold Standards Framework (GSF) Meetings**
  General Practice colleagues have been engaged to decide what Best Practice for GSF meetings in Halton looks like. Also ongoing support with any aspect of meetings.
- **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Forms**
  To encourage Practices having CPR discussions with patients we have been delivering DNACPR packs

3.4 **Other Projects for EOL System in Halton**

In 2024 the Locality Group completed the **'Getting to Outstanding'** self-assessment toolkit. Result was a detailed overview of how members view EOL services in Halton and these finding informed the **PEoLC Local Improvement Plan for Halton**.

Areas of focus for 2025-26 (other than projects listed above) include:

- Creation of formal EOL Pathways for Halton Place.
- Supporting the Cheshire and Merseyside (C&M) wide Place Based Needs Assessment project.
- Writing & adopting a Halton Place Equality & Diversity Strategy for PEoLC Services.
- Supporting Claire House with their C&M wide '10 Steps to Transition' project. Developing a Pathway for Transition between Paediatric and Adult services.
- Working with One Halton Ageing Well Delivery Group colleagues to create meaningful engagement vehicles.
- Supporting members to facilitate opportunities for public engagement in co-production and design of local services.
- Supporting the One Halton Ageing Well Board and Clinical Commissioning Network (CCN) colleagues to identify and commission PEoLC services from statutory and VCFSE organisations.
- Supporting the End of Life section of the Halton Dementia Plan. Dementia sub group which is co-chaired by colleague from the Alzheimer's Society.

- Involving Carers and Halton Carers Centre in work of Locality Group.

3.5 **Engagement with VCFSE organisations**

The Halton Compassionate Communities Network is facilitated by Halton & St Helens VCA. It involves the wider VCFSE in EOL work in a way that is meaningful for them. Includes events, forum meetings, documents, bereavement cafes and podcasts.

3.6 **Dying Matters – Engagement Work**

Looking to change people's opinions on death and dying and get them talking to friends and family. Talks are reviewed one month after to assess impact. Opportunity to attend team meetings for H&WBB members organisations greatly appreciated.

4.0 POLICY IMPLICATIONS

4.1 The projects within this workstream may have implications for policies across the Adult Social Care and Care Home sector.

5.0 FINANCIAL IMPLICATIONS

5.1 One of the overall outcomes of the EOL projects is to reduce costs across the health system. For example, a patient with a completed Halton Palliative Care & End of Life Personalised Care Plan (Halton PCP) is less likely to use A&E, be admitted to hospital or die in hospital. There are fewer Out of Hours connections and less unplanned activities for GPs.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

The Halton Palliative Care & End of Life Personalised Care Plan promotes independence and allows patients to express preferences about the EOL services they wish to access. It improves their wellbeing as well as that of friends and family.

6.2 Building a Strong, Sustainable Local Economy

All of our projects have been achieved without spending any additional money but using resources differently. They are sustainable because they are not dependant on funding. Bringing the organisation together has made them stronger.

6.3 Supporting Children, Young People and Families

None associated with this report.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

Patients from economically deprived neighbourhoods are more likely to die in hospital. A patient with a completed Halton Palliative

Care & End of Life Personalised Care Plan is more likely to have their preferences met.

6.5 Working Towards a Greener Future
Use of electronic documentation across the EOL system reduces use of paper. Fewer unnecessary conveyances to hospital reduces carbon footprint of ambulance services.

6.6 Valuing and Appreciating Halton and Our Community
The Halton Compassionate Communities Network promotes vital support on offer to Halton residents from existing Halton assets.

6.7 Resilient and Reliable Organisation
HBC Care Home Staff can access free training which supports them to their job. The use of the Halton Palliative Care & End of Life Personalised Care Plan increases links and partnership working with General Practice.

7.0 RISK ANALYSIS

7.1 NA

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Equity of service for all Halton Residents is a goal for all of the above EOL projects.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 Use of electronic documentation across the EOL system reduces use of paper. Fewer unnecessary conveyances to hospital reduces carbon footprint of ambulance services.

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

'None under the meaning of the Act.'